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NEWCASTLE UPON TYNE
EDUCATION COMMITTEE
SCHOOL HEALTH SERVICE

ANNUAL REPORT
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR
1952

W. S. WALTON, G.M., M.D., B.Hy., D.P.H.

Principal School Medical Officer

R. F. LUNN, L.R.C.P. and S., L.R.F.P. and S., D.P.H.

Senior School Medical Officer

H. V. LIGHTFOOT, B.Sc.

Director of Education



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INDEX

	PAGE
Cardiovascular Clinic	46
Children's Committee	55
Child Guidance	45
Classes for Partially-Sighted Children	30
Co-operation of Teachers and others	58
Diphtheria Immunisation	36
Ear, Nose and Throat Operations	21
Education Committee and School Health Service Sub-Committee	6
Employment of Children	55
Eye Examination and Provision of Spectacles	20
Handicapped Pupils	30
Health Visitors Training Course	56
Home Tuition	33
Infectious Diseases	41
Introduction	3
Mass Radiography	40
Medical Examination of Candidates for Training Colleges	57
Medical Inspection	8
Medical Inspection of School Leavers	33
Miscellaneous Medical Examinations	57
Mortality Rate	44
National Society for the Prevention of Cruelty to Children	54
Nursery School and Class	51
Observations on Work of School Health Service	13
Organisation and Administration	8
Orthopaedic Clinic	17
Parent-Teacher Associations	57
Pendower Open Air School	46
Physical Education	58
Plantar Warts	28
Refresher Courses	57
Report of Chief Sanitary Inspector	56
Residential Special Schools	51
Ringworm	22
School Clinics	9
School Dental Service	15
School Meals Service	53
School Nursing Service	11
School Premises	56
Speech Therapy	29
Special Schools for Educationally Subnormal Pupils	49
Staff	7
Statistical Tables	66
Treatment Clinics on School Premises	10
Tuberculosis	45

REPORT

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

Ladies and Gentlemen,

I have the honour to present to you my seventh Annual Report on the School Health Service of the City for 1952 ; the Report being the forty-sixth in the whole series.

The year 1952 showed further steady progress in the School Health Service. It is a pleasure to report that on the whole the health of the school child was good and in fact the general condition and nutrition of recent years was maintained. Since the new classification indicating the general condition of school children was instituted by the Ministry of Education in 1948, it is of interest to note how the position has improved during the five years in Newcastle, as shown in the Table on page 9. The percentage of children assessed as being of poor general condition was 2.54 in 1952 and 8.72 in 1948. These figures are derived in the main from the work of a medical staff which has not varied much in its composition during the last five years. The slight rise indicated last year in Class "C" has been noted and the position will be watched.

The number of individual children found to be verminous at inspections in 1951 was 6,262 or 6.93% and in 1952 the corresponding figures were 6,481 or 7.08%. This is not a pleasing record and too often is the source of infection of other and older members of the household.

The East End Clinic opened in 1950, extended during 1951 further facilities to schools in the east end of the City and steps were taken to increase the accommodation of the Middle Street Clinic. The school clinics with the exception of that at Atkinson Road, are now in first rate order and the Committee intend to rectify this exception at the earliest opportunity.

The policy of including short reports from your Assistant School Medical Officers is continued in this Annual Report and I would commend to you Dr. Buckley's survey on the work of the School Health Service generally in 1952, Dr. Brown's report on the School Dental Service, Dr. Dixon's original work on the Ringworm Infections, Dr. Fairlamb's report on Plantar Warts and Dr. Welch's Survey of Diphtheria Immunisation on School Children.

Your general schemes for close linking of the Service with the treatment facilities provided by the hospitals have functioned well and specialist treatment by arrangement with and through the general practitioner, is available for your school children. Further developments in the provision of Ear, Nose and Throat work have taken place under Mr. J. I. Munro Black ; the Ophthalmic Service has been improved and the provision of glasses for school children now involves no undue delays.

It would appear that after $4\frac{1}{2}$ years working with the facilities provided by the Regional Hospital Board and the Teaching Hospitals, a very satisfactory and increasingly efficient combined service is readily available for the school child. The general practitioners are kept fully informed and are consulted freely about their school child patients. It is noted that an increasing number of children is referred by the family doctor to the School Health Service for minor ailments and for assistance in placing at special schools or hospitals.

With the very considerable development and improvement of your School Health Service during recent years, no major alterations are proposed during 1953. There are, however, several matters which the Committee will consider and amongst these are

- (a) extension of speech therapy facilities,
- (b) extension of tuberculosis prevention measures,
- (c) replacement of the Atkinson Road Clinic,
- (d) a review of the special school arrangements for educationally subnormal children since (i) the Education Committee will be providing residential accommodation for educationally subnormal girls at Jesmond Dene House in the near future, and (ii) the Health Committee will be providing additional occupational centre training facilities.
- (e) extension of the dental services.

The School Medical Officers during the year met the Head Teachers and discussed the administration of the School Health Service. Many helpful suggestions were put forward and later acted upon.

I should like to take this opportunity of thanking you, Mr. Chairman and the members of the Committee for their careful

consideration of recommendations made to them during the year and to the staff in carrying these recommendations out. The Director of Education, Mr. H. V. Lightfoot, B.Sc., has been very helpful indeed to the School Health Service and staff and it has been a pleasure to work in such close harmony with himself and his staff and with the Committee.

Finally, I should like to acknowledge to Dr. Lunn, the Senior School Medical Officer, my gratitude for the loyal help throughout the year and for the greater part of the preparation of this Report, and to the staff for the excellent team work maintained among the Medical, Dental, Nursing and Clerical sections of the School Health Service.

I am,

Your obedient Servant,

W. S. WALTON,

Principal School Medical Officer.

Members of the Education Committee during the Municipal Year. 1952-1953.

Chairman :

*Councillor Percival Harry Edwards.

Vice-Chairman :

*Councillor Arthur Grey.

Alderman James Alexander Clydesdale.

*Alderman Mrs. Dorothy Ann Fitzpatrick.

*Councillor Mrs. Catherine Frances Boothroyd.

*Councillor Mrs. Mary Phyllis Broad.

Councillor Cuthbert Benson Carrick, M.C., T.D., J.P.

*Councillor Mrs. R. A. Dixon.

*Councillor Mrs. Mary Beatrice Fenwick.

Councillor Robert Mills Henderson, J.P.

Councillor Allan Frankland Holmes. (Resigned July, 1952).

Councillor Reginald Gustav Hutton.

Councillor William Kirkup.

Councillor J. D. Mason.

*Councillor Mrs. Isabella McCambridge.

*Councillor Mrs. Gladys Robson, J.P.

Councillor Mrs. T. S. Russell.

Councillor L. Scott. (Appointed September, 1952).

Councillor Edward Watson Short, M.P.

Councillor Henry Simm.

*Councillor Mrs. Amelia Louisa Storey.

†Councillor Miss Ethel Beatrice Temple.

Councillor N. Thompson.

Dr. C. I. C. Bosanquet, M.A.

Professor J. P. Tuck, M.A.

*Mrs. A. M. G. Curtis, J.P.

Monsignor The Very Rev. J. J. Canon Cunningham, V.G.

*The Rev. Canon P. M. Martin.

*The Rev. Edward Flynn.

Mrs. M. Alderson.

The Rev. E. L. Owen, B.A.

Mr. Alan Edward Pain.

Miss Lydia Lindores.

*Mr. F. E. Loughton, B.A.

*Members of the School Health Services and Child Care Sub-Committee.

†Chairman of the School Health Services and Child Care Sub-Committee.

STAFF.

Principal School Medical Officer and Medical Officer of Health

W. S. Walton, G.M., M.D., B.Hy., D.P.H.

Senior School Medical Officer

R. F. Lunn, L.R.C.P. and S., L.R.F.P. and S., D.P.H.

Assistant School Medical Officers

Mary Anderson, M.B., B.S.

Brendon Buckley, M.B., B.S.

Irene Colbert, M.B., B.S., (Appointed 8.12.1952).

Flora C. Cowan, M.B., Ch.B., D.C.H., D.P.H. (Resigned 30.4.1952)

Henry M. Dixon, M.D.

Alan H. Fairlamb, M.B., B.S.

George E. Welch, M.B., B.S., D.P.H.

Orthopaedic Surgeons

(Part-time appointments by arrangement with the

Regional Hospital Board).

C. C. Michael James, Ph.D., F.R.C.S. (Consulting Surgeon).

Norman W. McLeod, M.B., B.Ch., B.A.O. (Orthopaedic Registrar).

(Resigned 5.5.1952).

J. N. Spencer Simpson, M.B., B.S. (Orthopaedic Registrar)

(Appointed 1.10.1952).

Ophthalmic Surgeons

(Part-time)

Leslie W. Davies, M.B., B.S., M.R.C.S., L.R.C.P., D.O.M.S.

Victor G. O'Leary, M.B., B.Ch., B.A.O.

Joseph D. Milne, L.R.C.P. and S., D.O.M.S.

Senior Dental Officer

James C. Brown, L.R.C.P., L.R.C.S., L.D.S., R.C.S.

Assistant Dental Officers

Arthur Brown, L.D.S.

Thomas E. Coulson, M.C., L.D.S.

David M. R. Crombie, L.D.S.

James H. Elder, L.D.S.

Anna M.M. Greig, L.D.S.

Alfred E. Pattie, L.D.S.

Kenneth Sissons, L.D.S.

William Thompson, B.D.S. (Temporary appointment for one year from 1.8.1952 to replace one full-time Dental Officer absent from duty owing to illness).

Speech Therapists

Margaret Atkinson, L.C.S.T. (Part-time).

Audrey Jameson, L.C.S.T. (Part-time). Resigned 5.9.52.

Mary I. J. Clutterbuck, L.C.S.T. Appointed 2.9.52.

Superintendent Physiotherapist

Bertha Hague, S.R.N., M.C.S.P.

Acting Superintendent School Nurse

Evelyn D. Coulson, A.R.R.C.

Chief Clerk

Jessie S. Hills.

Physiotherapists	...	4	Dental Attendants	...	7
School Nurses	...	23	Medical Clerks	...	5
Nursing Helpers	...	10	Dental Clerk	...	1
Clinic Clerks	...	6			

ORGANISATION AND ADMINISTRATION

The Medical Officer of Health is also the Principal School Medical Officer. The School Health Service is therefore closely co-ordinated with all the Health Services in the City.

There have been no alterations in the organisation and administration since the previous year.

MEDICAL INSPECTION

The work of Routine Medical Inspection has suffered through the lack of medical staff as also have the Eye Examinations. The work of the Clinics has been carried out regularly when other duties such as Routine Inspections have had to be left over.

During the year the following Medical Inspections were carried out :—

<i>Routine Age Groups</i>		1952	1951
Entrants	...	6028	3380
Intermediates	...	3467	3353
Leavers	...	2318	3484
		—	—
Total	...	11813	10217
<i>Other Periodic Inspections</i>	...	599	2378
		—	—
Grand Total	...	12412	12595
		==	==

The general condition of the children was assessed by the School Medical Officers as in each year since 1948 when the new classification was issued by the Ministry of Education. The following Table shows the statistics under this classification for the years 1948-9-50-1-2.

YEAR.	A. (Good).	B. (Fair).	C. (Poor).
1948	48.81	42.47	8.72
1949	51.78	41.43	6.79
1950	53.63	41.94	4.43
1951	48.04	49.63	2.33
1952	54.18	43.28	2.54

SCHOOL CLINICS

All the Clinics are well equipped and in good decorative order. The extension to Middle Street Clinic has been completed and was opened during the year. The Dental Department has its own waiting room and this has greatly relieved the congestion. There is an Eye Examination room and accommodation for a Speech Therapist.

Unfortunately the Atkinson Road Clinic is still functioning in its old premises, but it is hoped that new accommodation will be available during the next year or two.

Details of the numbers of consultations carried out at the School Clinics are as follows :—

Clinic	1952	1951	1950
Atkinson Road	2646	2779	3639
Ashfield House	559	714	661
Bentinck	1789	2290	1989
Central	1758	2579	1857
Cowgate	399	553	542
East End	1516	1288	1907
Middle Street... ..	1488	1890	2189
Total!	10155	12093	12784

The list of the Clinics and medical services provided are shown in the following table :—

CLINIC.	Minor ailments.	Orthopaedic.	Ultra-Violet.	Dental.	Eye Examination.	Speech Therapy.
Ashfield House, Elswick Road, 4 ...	1	—	—	—	—	1
Atkinson Road, ... Armstrong Road, 4 ...	1	1	—	1	1	—
Bentink, Mill Lane, 4 ...	1	1	—	1	1	—
Central, 12-18, City Road ...	1	1	—	1	—	—
Cowgate, Cypress Avenue, 4 ...	1	—	—	1	—	—
East End, 316, Shields Road, 6 ...	1	1	—	1	1	—
Middle Street, Walker, 6 ...	1	—	—	1	1	1
Pendower Open Air School, West Road, 5 ...	—	1	—	1	—	—
Sun-Ray, ... Brinkburn Street, 6 ...	—	—	1	—	—	—
Walker Gate, Sutton Street, 6 ...	1	1	—	—	—	—

TREATMENT CLINICS ON SCHOOL PREMISES

These Clinics are still functioning very successfully and have the blessing of the Head Teachers and their staffs. There are now 10 of these Clinics.

During the year the number of individual children treated by the School Nurses at these Clinics was :—

SCHOOL	Boys	Girls	Total
Blakelaw	102	96	198
Bolam Street Special ...	—	72	72
Cambridge Street	94	107	201
Christ Church	135	101	236
Cruddas Park	262	178	440
Elswick Road	184	246	430
Lower Condercum House ...	165	—	165
Victoria Jubilee	99	125	224
Whickham View	183	270	453
St. Dominic's R.C.	165	172	337
Total	1,389	1,367	2,756

THE WORK OF THE SCHOOL NURSES

The nurses are employed full time in the School Health Service and their duties are many and varied.

Inspection and Uncleanliness

The nurses and nursing helpers have paid 1,900 visits to schools and have carried out 91,478 inspections. They have issued to the parents 7,495 notices calling their attention to various conditions found to be affecting the children and have excluded temporarily from school 297 children either for being verminous or for some infectious or contagious condition.

The number of children found to be verminous at these inspections was $6,481 = 7.08\%$.

Head lice continue to keep the nursing staff busy and certain families are often found to be infected with either nits or vermin or both. The source of infection is very often due to other members of the family who are not school children over whom we have no control.

Body lice, fortunately, do not present a serious problem.

The cleansing and treatment of children found with dirty heads was carried out in all the Clinics. D.D.T. Emulsion "Suleo" is still used and small quantities are supplied, free of cost to the parents, from the Clinics.

Following-Up

The arrangements for the following-up of children suffering from physical defects found at Routine Inspections are the same as in previous years.

The School Nurses assist the Medical Officers at the Routine

Medical Inspections, while one school nurse is fully employed at the Pendower Open Air School.

The School Nurses have many other duties :—

1. At the Clinics

Assisting the Medical Officers at Inspection and Treatment Clinics.

Carrying out treatment, under medical supervision.

2. In the Schools

Regular Cleanliness Surveys.

Weekly visits to Nursery Classes.

Special Visits for the control of Infectious Disease.

Following-up cases where regular treatment is necessary.

Height and Weight recording.

3. Home Visits

Following-up cases requiring treatment.

Visiting homes where children have had operations.

Interviewing parents of children who have been found unclean or verminous at the Cleanliness Inspections.

Making arrangement for children who are being maintained in Residential Special Schools.

Escorting children to and from Clinics and Hospitals, when necessary, and also escorting children to and from Residential Special Schools.

The number of home visits made during the year was 1,922.

The following classification shows the reason for which these were made :—

Uncleanliness	...	...	...	...	...	179
Eye Conditions	...	...	...	...	...	173
Ear, Nose and Throat Conditions	...	...	...	...	...	98
Orthopaedic Conditions	...	...	...	...	...	12
Speech Therapy	...	...	...	...	...	20
Skin Conditions	...	...	...	...	...	67
Handicapped Pupils	...	...	...	...	...	119
Infectious Diseases	...	...	...	...	...	2
Immunisation	...	...	...	...	...	249
Child Neglect	...	...	...	...	...	47
Completion of Home Circumstance Section on						
Form 10M	...	...	...	...	...	562
Miscellaneous	...	...	...	...	...	382
Escort of Special Cases	...	...	...	...	...	12
Total	...	...	...	...	...	1,922

THE WORK OF THE NURSING HELPERS

The ten nursing helpers on the staff are always usefully occupied. They assist the nurses in the bathing and cleansing of children, and also at cleanliness inspections. They escort children to and from clinics and hospitals and carry out home visits and many odd jobs in the clinics. The following is the classification of the 995 home visits done by the nursing helpers during the year :—

Uncleanliness	...	...	...	...	...	267
Eye Conditions	...	...	...	...	...	74
Ear, Nose and Throat Conditions	...	...	...	...	...	12
Skin Conditions	...	...	...	...	...	260
Speech Therapy	...	...	...	...	...	11
Appointments for attendance of Handicapped						
Pupils at Clinics	...	...	...	...	...	123
Miscellaneous	...	...	...	...	...	187
Escort of Special Cases	...	...	...	...	...	61
Total						995

OBSERVATIONS ON CERTAIN ASPECTS OF THE WORK CARRIED OUT DURING THE YEAR, 1952.

BY DR. B. BUCKLEY, M.B., B.S.

Assistant School Medical Officer.

The demise of 1952 calls for a review of the events in the School Health Service during that period and an account of the progress achieved. To do so in small compass is not an easy task. The scope of the work was continued within the same framework as in the years hitherto with the addition of a new responsibility, namely the medical examination of prospective teachers as laid down in Circular 249 (28th March, 1952). The results achieved were perhaps not spectacular, but nevertheless progress was sure, if silent.

Medical examination covered the same statutory age groups as before and the statistical analysis of the results indicates that a high and satisfactory nutritional level is being maintained. There is need for a review at the highest level as to the desirability of retaining the intermediate age group examination in its present form. The results obtained from this examination, apart from new cases of defective vision coming to light, are rather unrewarding. In many cases it merely records defects which have been cured or for which a complete course of treatment has been provided. Of more value would be a new statutory age group at the eight year level, with annual or even biennial re-inspection of those children

who were then found to have defect, or indeed the whole group could be surveyed periodically between that time and school leaving age.

Both medical examination and clinic work reveal the same thing, the gradual elimination and disappearance of many diseases, which a decade or more since formed such a constant and challenging picture to those employed in the School Health Service. Relegated to the region of medical curiosities are rickets, scabies and tubercular cervical glands. On the wane are diphtheria and juvenile rheumatism. Restrained in their severity and duration are scarlet fever and impetigo. An increasing number of school entrants have had unhealthy tonsils and adenoids removed before being examined and one associates with this a diminishing incidence in otitis media which is so often the precursor of the greatest of physical handicaps, namely deafness. There was no untoward delay in the approval of prescriptions for glasses during the year.

The procedure of establishing dressing clinics in schools is commendable and could, with benefit, be extended. It saves valuable time, educational time for the child, housekeeping time for the mother. It saves the expense of long distance travel and reduces the risk of traffic accidents to the children.

The acceleration in the housing programme in 1952 is a heartening feature as so much physical and mental illness is rooted in congestion and overcrowding. More houses mean less disease and for those of the rising generation nothing is more important than that they should spend the formative years of their health and physique in an atmosphere as wholesome as possible.

With improved and modern methods of treatment at hand there is no excuse for the percentage of uncleanness that prevails. Although the incidence and severity of infestation is decreasing the rate of fall is slow and the results obtained should be more encouraging. It should be a condition of release from school that every girl leaver has first seen a properly sponsored film dealing with the life history and habits of the head louse.

A wide and fertile field is lying fallow in the sphere of prevention of tuberculosis in school children. Already the beginnings have been made and a number of Local Authorities are making a routine investigation of new entrants by means of the tuberculin jelly test with a follow-up X-ray of the positive reactors. This is an economic method as it is only necessary to X-ray some 5% of those involved.

REPORT ON THE SCHOOL DENTAL SERVICE FOR THE YEAR 1952

By DR. J. C. BROWN, L.R.C.P., L.R.C.S., L.D.S., R.C.S.,
Senior School Dental Officer.

The work of the School Dental Service over the past year consisted as formerly of the routine examination of the children in their classrooms followed by their subsequent attendance at the clinics for treatment where this was found to be required. Some 34,000 children were examined in this way during the year, representing 85% of the school population coming under the Authority's care, while over 11,000 children attended the clinics for treatment.

Although some 6,000 children were not examined on account of temporary shortage of staff through illness, and one dental officer's time being mostly given over to the investigation on the topical application of fluorine, they will be examined as soon as possible in the coming year, in accordance with our practice of examining the children at yearly intervals.

At examination sessions held in the schools for the younger children, the parents of the children who were being examined for the first time were given the opportunity to be present if they wished, and on the average some 50% of the parents invited to be present attended. During the examination the child's dental condition was discussed with the parent, and the parent advised to bring the child regularly to the clinic for consultation so that any dental defect could be put right in good time, and the child be assured of having sound healthy teeth on leaving school. Instruction on oral hygiene was given to the children and parents, and the children were shown how to brush their teeth in the correct way. At these dental inspections the co-operation of the teaching staffs in various schools attended by dental officers was much appreciated.

At the treatment sessions held in the clinics the majority of the work was given over to fillings and extractions, and it is gratifying to report that over 11,000 fillings were inserted, an increase of more than 2,000 on the previous year's total. The majority of these fillings were carried out on the second dentition, as pressure of work did not permit the giving of much time to conservation of the milk teeth. However, where the condition of the mouth merited it, or where the parent was anxious to preserve the child's first teeth and was co-operative, conservation of the milk dentition was willingly undertaken.

The great majority of our patients attending the clinics for the extraction of teeth were treated under general anaesthesia with gas and oxygen. Normally a " gas session " was held at each clinic each week, and cases were grouped for that day, but arrangements were in force for any child in pain to be dealt with immediately. At these " gas sessions " it was the custom for one of the dental officers to administer the anaesthetic for his colleague, who undertook the extractions, but towards the end of the year permission was obtained to appoint a part-time specialist anaesthetist. This appointment was particularly welcomed, for apart from the advisability of an anaesthetic being administered by a person with medical qualifications, it will result in freeing the dental officer who formerly gave the anaesthetics for purely dental duties, and in fact will mean the equivalent of an additional half-time dental officer.

The arrangements made towards the end of last year for the provision of artificial dentures were maintained, and some 120 children were fitted with dentures. This at first glance may seem a reflection on the school dental service, but it should be borne in mind that nearly all these children required only small dentures to replace but one or two anterior teeth lost through accident or neglect.

Demands made on our provisions for orthodontic treatment, which were initiated in 1951, proved to be more than we could cope with, and it was necessary early in the year to compile a waiting list for those requiring this type of treatment. This waiting list has grown steadily throughout the year and at the time of writing no new cases can be taken on. While the chief reason for this is undoubtedly the great demand for regulation treatment, there is no doubt that a main contributory one is the fact that at present we have but one dental mechanic whose services are shared with the Health Committee. There is a limit to what one man can do, and the need for the appointment of an additional mechanic with further laboratory facilities is obvious if it is remembered that this one technician is serving some nine or ten dental officers.

In connection with the work we are undertaking for the Ministry of Education on the topical application of sodium fluoride to the teeth, Mr. Crombie reports that the results of his first annual re-examination of the children who have been treated with this substance have not led him to the opinion that it will prove to be of any great value in the prevention of dental decay. He adds however, that it is as yet too early in the investigation to come to definite

conclusions, and the results observed over the next two or three years must be at hand before a true opinion of the value or otherwise of treatment with this substance can be come to.

In conclusion I have to report that the new clinic at Middle Street School was opened in August. The premises are spacious and well equipped with modern apparatus. They include a dental surgery, waiting room, recovery room and office, and, serving the large area they do, have been very well attended since the re-opening.

A detailed outline of the work of the clinics is given below :—

1.	Number of pupils inspected	(a) Periodic age groups	28,211
		(b) Specials	5,738
2.	Number found to require treatment		16,717
3.	Number referred for treatment		11,337
4.	Number actually treated		11,150
5.	Attendances made for treatment		22,345
6.	Half days devoted to	(a) Inspection	223
		(b) Treatment	2,893
7.	Fillings	(a) Permanent teeth	10,413
		(b) Temporary teeth	595
8.	Number of teeth filled	(a) Permanent teeth	9,870
		(b) Temporary teeth	478
9.	Extractions	(a) Permanent teeth	3,623
		(b) Temporary teeth	13,055
10.	Administrations of general anaesthetics		6,459
11.	Other Operations	(a) Permanent	2,592
		(b) Temporary	665
12.	Number of children fitted with artificial dentures		121
13.	Number of children fitted with orthodontic appliances		250
14.	Number of children fitted with crowns		15
15.	Number of inlays		—

ORTHOPAEDIC REPORT

By MR. C. C. MICHAEL JAMES, Ph.D., F.R.C.S.

Consultant Orthopaedic Surgeon.

During 1952 there have been surgical staffing difficulties, and the number of Surgeons' Clinics had to be reduced. These difficulties however, were overcome and towards the end of the year conditions of work returned to normal. New patients notified have not had to wait long for examination, but many old patients are still overdue for review. When parents are anxious for re-examination of their children, appointments are promptly given. All the overdue patients are suffering from mild conditions and require review only at long intervals. They are not likely to come to harm meantime.

More children than last year have been referred directly to this department by their family doctors. This is a trend which is encouraged. The facilities for treatment and after-care available in Orthopaedics in this department are far better than can be obtained in large hospitals, but use is made of special facilities in hospitals. The Newcastle General Hospital carries out Radiological examinations. Close co-operation with the W. J. Sanderson Orthopaedic Hospital enables early admission for operation or for other treatment and for special plaster work. The Child Health Department of King's College has been most helpful ; some children have been referred to Paediatric Out-Patients and others requiring special medical investigation have been admitted to the Newcastle General Hospital.

Although the Orthopaedic Department is organised by the School Health Service primarily for school children, much work is done for the Maternity and Child Welfare Service of the City's Health Department. It has therefore been considered wise in this Report to show details of the work done for both Services. In examining the statistics given below, it must be remembered that the staff of this department is not only responsible for Specialists' examinations and Physiotherapy, but also for the supply and maintenance of splints and other surgical equipment and after-care of children suffering from the effects of crippling and deforming diseases. This latter work is time-consuming and requires skill, experience and care. Statistics can show only some of the extent of the work done.

Statistics for the year 1952

					School Health Service	Maternity & Child Welfare Service
I. Attendances						
New Patients...	Boys 312	}			700	103
	Girls 388					112
Old Patients	...	...	...	...	1,145	163
Transfer from Maternity and Child Welfare						
List	...	...	...	...	98	—
Total Number of Children who attended for						
examination and physiotherapy					1,943	378
Children on whom the Surgeon's opinion						
was requested but who failed to attend					64	6
Total Number of attendances at Surgeons'						
Clinics					2,048	549

2. Discharges

Not requiring further treatment	442	37
No orthopaedic disability found	146	—
Left School	64	—
Transferred to School Medical Service ...	—	98
Left the City	7	5
Referred to other clinics and hospitals...	18	4
Parents refused to continue attendance	157	18
Attending non-maintained schools ...	6	—
Total ...	840	162

3. Physiotherapy

Total number of attendances at physio- therapy clinics	13,905	4,561
Special therapies given for orthopaedic conditions :		
Swedish remedial exercises	9,224	2,267
Massage	286	419
Manipulations	1,251	1,399
Medical electricity	5,707	1,721
Radiant heat	289	311
Ultra Violet Light	318	24
Special Therapy was also given to children with the following non-orthopaedic conditions :		
Asthma	12	—
Bronchitis	7	—
Bronchiectasis	9	—

4. Children requiring admission to the W. J. Sanderson Orthopaedic Hospital

Admissions	64	12
Discharges	54	9
Awaiting admission	26	—

5. Other Information

Number of children requiring X-ray exam- ination	66	20
Number of children photographed ...	2	1
Number of children supplied with plaster splints	13	25
Surgical appliances supplied or altered :		
New splints	160	46
Splint repairs	64	29
Surgical boots	14	4
Boot alterations	583	375

DIAGNOSIS OF CASES UNDER TREATMENT, AND DIS- CHARGED. NOT REQUIRING FURTHER TREATMENT. (PERCENTAGES)

	School Children	M. & C. W.	All Cases
General foot conditions including flat foot			
and foot strain 	48.6	27.4	45.2
Knock knee and bow leg 	22.6	46.9	27.0
Postural conditions including Scoliosis ...	7.7	0.3	6.3
Peculiarity of Gait 	1.1	8.7	2.5
Injuries and Sprains 	4.7	0.3	4.0
Congenital Anomalies :			
Spine and Upper Limbs 	0.9	2.0	1.1
Lower Limbs—Feet 	2.7	8.2	3.6
Lower Limbs—Other 	1.0	0.7	0.9
Dislocation of Hip 	0.6	0.6	0.6
Cerebral Spastic Conditions, primary and			
secondary 	2.4	1.7	2.2
Anterior Poliomyelitis 	2.7	2.3	2.6
Tuberculosis of Bones and Joints ...	1.8	—	1.4
Infective Arthritis, Synovitis of Knee ...	0.7	—	0.6
Perthe's Disease of Hip 	0.5	—	0.4
" Others " 	2.0	0.9	1.6
	<hr/>	<hr/>	<hr/>
	100.0	100.0	100.0
	<hr/>	<hr/>	<hr/>

The Category " Others " includes cases of Torticollis, Erb's Palsy, Still's Disease, Adolescent Coxa Vara, Renal Rickets, Osteogenesis Imperfecta, Amyotonia congenita, Muscular Dystrophy, Achondroplasia, Tarso-epiphyseal Aclasia, Congenital Hemihypertrophy, etc.

EYE EXAMINATIONS AND PROVISION OF SPECTACLES

As in previous years this work is undertaken by the Assistant School Medical Officers.

Children found to be suffering from squint are referred to the part-time Ophthamologists, who also examine any complicated cases of defective vision referred to them by the Assistant School Medical Officers.

Dr. J. D. Milne and Dr. V. G. O'Leary do one session per week each, and Dr. L. W. Davies, the Ophthamologist appointed by the Regional Hospital Board, two sessions per week. I am grateful to the Regional Hospital Board and am hopeful that they will be able to give further assistance in the near future.

Spectacles prescribed are, in most instances, supplied in two or three weeks.

Analysis of cases seen during 1952 :—

Eye examinations carried out by the School Medical					
Officers	...	...	...	...	1,741
Spectacles prescribed	...	...	...	...	819
Spectacles not prescribed	...	...	...	...	922
Spectacles obtained	...	...	...	...	842
(This figure includes some which were prescribed in 1951 but not obtained until 1952).					
Specialist eye examinations carried out by the					
Ophthalmic Surgeons	...	...	...	...	715
Spectacles prescribed	...	...	...	...	555
Spectacles not prescribed	...	...	...	...	160
Spectacles obtained	...	...	...	...	537
(This figure also includes some which were prescribed in 1951 but not obtained until 1952).					

Children referred to Newcastle Eye Hospital :—

(i) For Orthoptic Treatment	...	...	...	182
(ii) For Other Eye Conditions	...	...	...	10

Replacement and Repairs to Spectacles

Replacement of Spectacles	...	...	...	145
Replacement of Frames only	...	...	...	181
Repairs to Frames and Lenses	...	...	...	576

The sum of £107 15s. 6d. was charged to the Local Education Authority for these replacements and repairs.

EAR, NOSE AND THROAT OPERATIONS

Children found to be suffering from ear, nose and throat conditions are referred to the Out-patient Clinics at the Ear, Nose and Throat Hospital, where they are examined by one of the specialists who will also perform any operation found to be necessary. The names of the children are then placed on the waiting list for operation and they are admitted when beds are available.

During the year the following operations were carried out at the various hospitals in the City :—

Tonsils and Adenoids	...	...	...	...	335
Tonsils	...	...	...	...	58
Adenoids	...	...	...	...	35
Antrostomy	...	...	...	...	12
Antrum Wash-Out	...	...	...	...	19
Proof Puncture	...	...	...	...	3
Tonsil Remnants	...	...	...	...	1
Removal of Polypus...	...	...	...	...	1
Mastoidectomy	...	...	...	...	2
Sub Mucous Resection	...	...	...	...	1
Total	...	...	...	...	467

In addition to these cases, there were probably a number of operations carried out privately.

I should once again like to thank Mr. J. I. Munro Black, the Senior Ear, Nose and Throat Surgeon, and his staff for their willing help and co-operation during the year.

RINGWORM INFECTIONS

Annual Report on Work of Clinic with a short note on a Trial Survey of Thirty Cases of Athlete's Foot

By DR. H. M. DIXON, M.D., *Assistant School Medical Officer.*

The number of cases treated at the Ringworm Clinic in the year 1952 is shown by the following table :—

A. Scalp Infections

(a)	M. canis infection handed on from 1951. These are now all fit	18
(b)	M. audouini infections carried over from 1951. Only one of these remained uncured at the end of the year. This child is attending school with only a trace of infection	6
(c)	very old M. audouini scalp infections (1946 and 1947), 2 remained unfit at the end of 1952. Both these children are attending school under supervision	4
(d)	Scalp infections found in 1952 and fit in that year ...	27
	Culturally M. canis = 9	
	,, M. gypseum = 4	
	,, M. audouini = 7	
	,, T. gypseum = 1	
	Not cultured = 6	
(e)	Scalp infections diagnosed in 1952 and not yet free from infection by the end of the year	15
	Culturally M. audouini = 7	
	,, M. canis = 8	
		==
	Totals ...	70
		—

Thus 10 human and 8 animal scalp infections were handed on to 1953. This compares with the numbers 10 and 18 respectively which were carried over from 1951 to 1952.

In all, therefore, 70 scalp infections were treated, some of which also involved the glabrous skin.

B. Skin Only

(1)	M. canis infections handed over from 1951. These were all made fit in 1952	6
(2)	Investigated, treated and discharged in 1952	
(A)	Clinically Tinea Corporis	97
	Culturally M. canis = 42	
	,, M. audouini = 1	

We have always supposed that *M. canis* and *M. felineum* are the same fungus under different names, but the following clinical points are of interest :—

- (1) All the cats seemed to the naked eye to have quite healthy coats. Some shortening of the hairs might have proved suggestive, but this sign is complicated by the fact that in our small series all the feline infections were confined to the face and ears where the fur is short in any case.
- (2) Canine lesions were all on the body and were most obvious indeed to the naked eye.
- (3) The feline lesions all fluoresced green under filtered U.V.
- (4) None of the canine lesions was fluorescent even though culturally positive.
- (5) Cats seem to be very resistant to treatment.
- (6) Dogs seem to be easily cured.

These discrepancies may of course be due merely to the physiological difference between cats and dogs.

Of the 42 new scalp lesions, 15 involved the skin also. Four of these were interesting, as culturally they were undoubtedly *M. audouini*, whereas the body lesions seemed typical *M. canis*, indeed they were confidently diagnosed immediately as due to this organism. Three further scalps presented kerion formation, one of these being proved to be due to *T. gypsum*.

Cases confined to the skin have been divided as above into two categories ; viz, those showing the typical text book lesions (on appearance or history), and those not resembling ringworm at all. This was done as part of an attempt to decide how many cases were really occurring. We must point out here that culture methods were not available on an adequate scale until late in the year and the writer at least has not always found it easy to spot a mould in a tissue mount even when pure cultures could be obtained. Lactophenol with cotton blue has been used rather than differential staining because of lack of time.

The one case from which *E. Floccosum* was isolated presented a typical *Tinea corporis* lesion, but on the sole of the foot. This patient suffered from an obvious athlete's foot infection from which pure cultures of the same organism were isolated. Some remarks on athlete's foot are made below.

The 61 atypical lesions presented great difficulty and no diagnostic label could be firmly attached to very many. It should be mentioned here that most of the cases were seen by other doctors before reference to the special clinic and that this eliminated the

usual run of dermatological entities. As mentioned previously, the number of children presenting mysterious skin blemishes of which no adequate description is available in the literature is very large. Many of these were thought to be due to co-existent athlete's foot, or to *Candida* infection existing in an undiscovered focus, e.g. the alimentary canal. In other words, we think that sensitisation reactions, frequently atypical, are common.

Eight cases yielded candida both on culture and on microscopic examination. These cases were all similar, presenting multiple scaly patches always involving the face, in four of them, the angle of the mouth being affected as in "Perlèche." The scales were always large and coarse leaving raw areas after removal. One further case with numerous body lesions, culturally and microscopically negative, was found to have a very severe athlete's foot from which only candida could be cultured. As the feet were treated and cleared up the body lesions became more obvious and developed eczematous appearances. It is thought that the primary focus was here on the feet and that the glabrous skin patches were again a sensitisation phenomena.

Several of the pubertal children seemed to have erythrasma, or at any rate the clinical and microscopic appearances were such. Some others under filtered U.V. appeared to be due to *T. versicolor*. Microscopic examination lent weight to this opinion, but the lesions seemed too few and the children far too young for confidence to be felt in this diagnosis. It should be remembered, however, that very many children indeed, in the summer time show the whitish non-sun-tanned blotches on the face, typical of this infection. Cultures were of course negative. It was not possible, mainly because of unavoidable lack of time to investigate these cases as fully as was desired.

All the trichophyte infections followed a holiday in the country.

The above, rather vague remarks indicate that we are not able to state the precise number of *Tinea Corporis* cases seen (*M. canis*, *M. gypseum*, *M. audouini* and *Trichophytes*), but close consideration of the year's work suggests a figure of about 100. This is a very large number, but was not entirely unexpected as indicated in previous reports.

Epidemiologically there is nothing to add to what has been said in previous years ; except that several adults are known to have been infected, all of course by animal types. The seasonal incidence was for example exactly as before, heavy at the beginning and end of the year and negligible in the summer months.

Six cases of *M. audouini* scalp infection were x-rayed in 1952. Four were completely successful, but two cases proved troublesome as follows :—

Case A. This scalp epilated beautifully except for the commonly encountered field centre tufts. Unfortunately, one of these persistent tufts, about 1 cm. in diameter contained infected hairs. 30 days after the first epilating dose the 1 cm. diameter area was given another 350 r. (skin dose). Following the 2nd dose no epilation at all occurred.

Case B. This child was one of a family of six, in all of whom the disease while extensive, was confined to the marginal areas of the whole scalp, just those areas in which the x-ray dose falls off and epilation tends to be incomplete. The normal technique was therefore not expected to be adequate and after consultation with the physicist the focal skin distance was increased from 19 to 23 cms., the skin dose being left the same. This method was not completely successful and a small 4 cm. partially epilated, infected patch remained on the right frontal area, just on the hair line.

Other members of this family remain to be treated. It is provisionally proposed to treat these by local doses to all the infected areas. Here, however, the decision as to the correct dose is a difficult one. In previous years for example, local irradiation has been performed, but as high a dose as 650 r. has been found not to guarantee complete epilation. Since these areas were treated through the standard applicators, and there was therefore no question of incorrectly overlapping fields, it is not felt that experimental technique was at fault.

Cultural Work

This was not under way on an adequate scale until late in the year. Despite this, the fact that technical difficulties were constantly encountered, and unavoidable lack of time, a considerable amount of work has been done. Two media have been used, viz : Dextrose-agar (with Oxoid peptone) and Beer Wort agar, the wort for the latter being very kindly supplied by the Newcastle Breweries. The Hydrogen Ion concentration of the media varied between 5.2 and 6.2. Growth on the former medium was much more rapid, luxuriant and characteristic than on the latter.

153 primary implants were carried out (some on old material), and about as many sub-cultures. The results were as follows :—

(1)	<i>Microsporum canis</i>	...	...	...	...	66
(2)	<i>Microsporum gypseum</i>	...	...	...	...	4

It is possible that our diagnosis of *M. Gypseum* is wrong and the figure should be 70 *M. canis*.

(3)	<i>Microsporum audouini</i>	...	...	...	...	15
(4)	<i>Trichophyton gypseum</i> (asteroides)	...	...	...	...	3
(5)	„ „ (interdigitale)	...	...	...	...	8

(6)	Epidermophyton floccosum	...	...	...	1
(7)	Candida (assumed to be C albicans without further investigation)	...	...	...	24
(8)	Unidentified Yeast	...	...	...	6
(9)	No Mycotic growth	...	...	...	26
Total					153

The cultures were grown on agar slopes in test tubes, in petri dishes, and on slides and cover slips enclosed in petri dishes. The two latter methods proved laborious, as constant attention was necessary to prevent drying out of the preparation. Identification by the method of hyphal fusion, which would seem to be the ideal, was not attempted in 1952, because no time was available and because our present laboratory technique is strictly limited.

The differentiation of human and animal microspora has not proved as difficult as was expected from a preliminary study of literature, rapidity of growth and pigment production providing adequate criteria. The isolation of *M. gypseum* was not expected, but the tan-suede depressions with central boss and surrounding white to cinnamon aerial mycelium seemed characteristic and these cultures were certainly very different from the other animal microspora found. Measurement of fuseaux was not done. These fuseaux developed more plentifully on dextrose-agar at the higher pH values and never below pH=6.0. They were never observed on Wort agar cultures.

Athlete's Foot

30 active cases were selected, all being boys aged 14 or 15 years. In all cases scrapings were taken from the webs between the 4th and 5th toes and planted direct. The results were as follows :—

(1)	Epidermophyton floccosum	...	...	...	0
(2)	Candida	...	...	...	15
(3)	Trichophyton interdigitale	...	...	...	8
(4)	No growth	...	...	...	7

No attempt was made to sub-divide the *Candida* isolates, but there seems to be no reason to suppose that any of them were not *C. albicans*, the only pathogenic member.

Dermatophytosis of the feet is widespread among the school-children, so much so that it appears to be taken for granted that older children should in warm weather have sweaty, offensive feet. Nevertheless, a good deal of real disability occurs when the condition is severe or secondary infection occurs. However, much

except when receiving physical education under supervision
 cou
 following being the chief rules of prophylaxis .

- (1) A child should NEVER walk on the school floors in bare feet.
- (2) Children should NEVER wear any but their own slippers or shoes.
- (3) Either towels should be laid on the floors of showers or rubber bathing shoes should be worn.

As an alternative the child could step from the shower on to a fresh piece of newspaper which could be burned.

- (4) All feet should be washed at least once per day and thoroughly dried.
- (5) If any sign of infection exists a separate towel should be used for the rest of the body, and a suitable dusting powder applied to the feet.

In established cases, the use of undecylenic acid, either as a powder or in an ointment has proved to be a completely effective therapeutic agent.

It is a pleasure to thank the Committee, Dr. Walton and Dr. Lunn for their thought in providing equipment to enable more satisfactory and satisfying work to be done, and the Nursing Staff for their complete co-operation. I would also like to thank the caretaker of the Central School Clinic for his time and assistance, both freely given.

PLANTAR WARTS

By DR. A. H. FAIRLAMB, M.B., B.S., *Assistant School Medical Officer.*

I beg to submit my annual report in respect of treatment carried out at the Plantar Wart Clinic during the year 1952.

The number of new cases which attended for treatment was 162 and of these 40 cases were boys and 122 cases girls. The total number of cases cured during the year was 152.

The table illustrated below gives in detail the age, sex incidence of plantar warts of those cases attending the clinic.

AGE in years	5	6	7	8	9	10	11	12	13	14	15	16	TOTAL.
Male ...	1	2	3	4	7	5	3	5	6	4	—	—	40
Female ...	1	—	4	3	7	20	14	25	23	23	—	2	122

The mode of transmission of this form of skin infection is often difficult to trace but about half the number of cases attending for treatment give a history of either attending swimming baths, dancing in bare feet, or doing physical training in bare feet at school. The methods of treatment remain the same as indicated in previous reports.

In order to control the spread of infection, it is suggested that regular foot inspections should be carried out prior to attending swimming baths or organised P.T. where it is deemed necessary for this to be carried out in bare feet. Any cases of Plantar Warts should be referred for early treatment and excluded from attendance at swimming and also should be forbidden to do P.T. or dancing in bare feet.

In conclusion I should like to express my appreciation to the nursing staff who have followed up cases who failed to attend regularly for routine treatment.

SPEECH THERAPY

The Speech Therapy Clinics have continued to progress satisfactorily and in September, when Miss A. Jameson resigned her part-time post of Speech Therapist to take up a hospital appointment, Miss M. I. J. Clutterbuck was appointed full-time Speech Therapist. The staff at present is one full-time and one part-time, five sessions per week.

There is still work for another full-time Speech Therapist and this appointment is under consideration.

REPORT ON THE WORK OF THE SPEECH THERAPISTS DURING THE YEAR 1952

By MISS MARGARET ATKINSON, L.C.S.T., *Part-time Speech Therapist.*

Although the maximum case load is now being carried by both the present Speech Therapists, there are still about 50 patients on the waiting list, which indicates that at least one other whole-time Speech Therapist is needed.

The results of the year's work show that while the majority of patients are boys, they generally respond quicker to treatment than girls, who usually appear to have a more serious type of speech disability. There also appears to be a correlation between a serious speech disorder and general poor language ability (i.e. size of vocabulary, and ability to read and write).

A number of children who have been given appointments for this clinic, have failed to attend for treatment and home visits have to be made. In the majority of cases, however, interest and co-operation have been shown, which has made successful treatment possible.

I wish to thank all those who have helped in the work of the Speech Therapy Clinic.

The number of attendances and types of disorders treated are as follows :—

Admitted	...	...	...	...	Boys 77	Girls 39	116
Stammers	...	...	...	...	...	...	30
Dyslalia ...	...	...	...	...	...	...	69
Cleft Palate	...	...	...	...	...	...	4
Dysarthric	...	...	...	...	...	...	2
Retarded Speech Development	...	...	...	...	...	...	3
Others	...	...	...	...	...	...	8
Discharged	...	...	...	...	Boys 64	Girls 27	91
Stammers	...	...	...	...	...	...	24
Dyslalia ...	...	...	...	...	...	...	54
Cleft Palate	...	...	...	...	...	...	1
Dysarthric	...	...	...	...	...	...	2
Retarded Speech Development	...	...	...	...	...	...	2
Others	...	...	...	...	...	...	8
Total Number of Patients seen in 1952					Boys 158	Girls 76	234
Stammers	...	...	...	...	...	...	56
Dyslalia ...	...	...	...	...	...	...	129
Cleft Palate	...	...	...	...	...	...	6
Dysarthric	...	...	...	...	...	...	8
Retarded Speech Development	...	...	...	...	...	...	9
Others	...	...	...	...	...	...	26
Number of Treatments in 1952					Boys 1,935	Girls 871	2,806

HANDICAPPED PUPILS

Section 34 of the Education Act requires the Local Education Authority to ascertain what children of two years of age and upwards in their area require special educational treatment. In the case of totally blind and totally deaf children special education can be started early, certainly before the age of five years.

Blind

At the end of 1952 there were six children in residential schools for the Blind. Three of these children were day pupils at the Royal Victoria School for the Blind.

Partially Sighted

There are three classes for partially sighted pupils at the Pendower Day Open Air School and statistics for 1952 were as follows :—

No. on Register 1st January	...	...	...	33
No. admitted during the year	...	...	...	6
No. discharged during the year	...	...	...	7
No. on Register 31st December	...	...	...	32

Deaf

Forty-three children have been maintained at residential special schools :—

Northern Counties School for the Deaf, Newcastle upon Tyne	...	...	...	...	...	36
St. John's R.C. School for the Deaf, Boston Spa	...					3
Royal School for the Deaf, Manchester	...	...				1
Mill Hall Oral School, Haywards Heath	...	...				1
Mary Hare Grammar School for the Deaf, Newbury						2

At the end of the year there were nine pupils awaiting admission to residential schools.

Partially Deaf

There are no classes or school for the partially deaf in this area. When deafness is suspected the child is referred to the Ear, Nose and Throat Hospital for examination and report.

As a rule these children continue their education in the ordinary school being suitably placed in the class, while some have been supplied with Hearing Aids.

During the year 5 boys and 9 girls have been supplied with Hearing Aids and are attending ordinary schools.

The Gramophone Audiometer Tests of the 8 year olds started this year, but have not yet been completed.

Delicate

70 boys and 51 girls attended the Pendower Day Open Air School and 6 children have been maintained in Residential Special Schools.

Diabetic

One boy, who is under treatment at home, attended the Pendower Open Air School, while 4 boys and 1 girl who can receive the requisite care at home, attend the ordinary schools.

Educationally Subnormal

The classification of the cases seen following special reports from the Head Teachers on their educational attainments is shown below :—

RESULTS OF EXAMINATIONS	Boys	Girls	Total
Recommended for admission to day special schools for educationally subnormal pupils	29	21	50
Recommended for admission to residential schools for educationally subnormal pupils	5	5	10
Recommended for admission to residential school for maladjusted pupils...	—	1	1

	Boys	Girls	Total
Found to be subnormal and at present unfit for ordinary or special schools :			
(a) Age 2—5 years	4	4	8
(b) Over 5 years	3	5	8
Recommended to continue education in the ordinary school—no further action ...	12	2	14
Recommended to continue education in the ordinary school with special treatment as retarded pupils	12	3	15
Recommended for further trial period in the ordinary school and re-examination ...	22	9	31
Referred for Psychiatric Examination ...	5	2	7
Notified to Local Health Authority :			
Section 57(3)	10	6	16
Section 57(5)	6	8	14
Reported to Local Health Authority for supervision purposes	3	5	8
Discharged from Day Special Schools on reaching age limit—no further action recommended	19	13	32
ANALYSIS OF PUPILS LEAVING SPECIAL SCHOOLS FOR EDUCATIONALLY SUBNORMAL			
	Boys	Girls	Total
Left on attaining age limit—no further action	19	13	32
Notified to Local Health Authority	6	8	14
Reported to Local Health Authority for supervision purposes	2	5	7

Epilepsy

Three children suffering from severe epilepsy and unfit for ordinary schools, were maintained in residential special schools.

Maladjusted

The psychiatrists at the St. Thomas Clinic deal with these cases and during the year 38 children were referred for examination. Four children were maintained in residential schools or hostels and one boy was still on the waiting list at the end of the year. In other cases out-patient treatment was carried out by the St. Thomas Clinic.

Physically Handicapped

During the year 54 children attended the Pendower Day Open Air School, 76 cases suffering from crippling conditions were maintained in residential hospital schools while 8 children suffering from heart conditions were also maintained in residential schools.

Pupils suffering from Speech Defects

These pupils are dealt with under the Speech Therapy section of this Report.

HOME TUITION FOR PHYSICALLY HANDICAPPED CHILDREN

Home tuition is now arranged for children who are physically handicapped, living at home, but who are unfit to attend school because of their physical condition.

During the year 5 children received Home Tuition.

MEDICAL EXAMINATION OF SCHOOL LEAVERS

The arrangement made with the Youth Employment Bureau for a school leaving medical report to be completed in respect of every pupil in their last year of attendance at school, still continue and reports have been completed in respect of 2,965 pupils. Of these, 2,577 were found to be fit for any occupation. In the case of 388 pupils (221 boys and 167 girls), it was found necessary to advise against certain types of employment. The following table gives an analysis of the recommendations made :—

Code number of Contra-Indication							Boys	Girls	Total
1.	...	...	...	...	...	...	16	13	29
2.	...	...	...	...	...	...	40	61	101
3.	...	...	...	...	...	...	3	3	6
4.	...	...	...	...	...	...	82	12	94
5.	...	...	...	...	...	...	1	1	2
6.	...	...	...	...	...	...	3	3	6
7.	...	...	...	...	...	...	9	15	24
8.	...	...	...	...	...	...	1	1	2
9.	...	...	...	...	...	...	6	5	11
12.	...	...	...	...	...	...	2	—	2
13.	...	...	...	...	...	...	—	1	1
14.	...	...	...	...	...	...	2	5	7
15.	...	...	...	...	...	...	2	1	3
1. 5.	...	...	...	...	...	...	1	1	2
1. 6.	...	...	...	...	...	...	1	—	1
1. 7.	...	...	...	...	...	...	1	—	1
2. 3.	...	...	...	...	...	...	3	1	4
2. 4.	...	...	...	...	...	...	2	—	2
2. 6.	...	...	...	...	...	...	1	—	1
2. 7.	...	...	...	...	...	...	—	2	2
2. 14.	...	...	...	...	...	...	—	1	1
3. 9.	...	...	...	...	...	...	1	1	2
3. 12.	...	...	...	...	...	...	5	2	7
4. 9.	...	...	...	...	...	...	1	—	1
5. 6.	...	...	...	...	...	...	2	—	2
5. 8.	...	...	...	...	...	...	2	7	9
6. 8.	...	...	...	...	...	...	1	—	1
7. 10.	...	...	...	...	...	...	—	1	1
8. 10.	...	...	...	...	...	...	—	2	2

Code number of Contra-Indication.						Boys	Girls	Total
8. 14.	...	...	...	...	...	—	1	1
9. 14.	...	...	...	...	...	—	1	1
11. 12.	...	...	...	...	...	1	—	1
14. 15.	...	...	...	...	...	1	1	2
1. 5. 6.	...	...	...	...	...	3	—	3
1. 5. 7.	...	...	...	...	...	1	1	2
1. 6. 7.	...	...	...	...	...	—	1	1
1. 7. 8.	...	...	...	...	...	—	1	1
1. 7. 12.	...	...	...	...	...	—	2	2
2. 3. 11.	...	...	...	...	...	—	1	1
2. 3. 12.	...	...	...	...	...	1	—	1
2. 6. 8.	...	...	...	...	...	1	—	1
2. 6. 10.	...	...	...	...	...	—	1	1
3. 10. 14.	...	...	...	...	...	1	—	1
4. 6. 8.	...	...	...	...	...	1	—	1
5. 6. 8.	...	...	...	...	...	7	1	8
5. 6. 15.	...	...	...	...	...	—	1	1
5. 8. 10.	...	...	...	...	...	1	—	1
5. 8. 14.	...	...	...	...	...	—	1	1
5. 8. 15.	...	...	...	...	...	1	—	1
6. 8. 10.	...	...	...	...	...	2	—	2
8. 10. 14.	...	...	...	...	...	—	1	1
1. 3. 5. 12.	...	...	...	...	...	1	—	1
1. 3. 7. 11.	...	...	...	...	...	1	—	1
1. 3. 7. 12.	...	...	...	...	...	1	—	1
1. 5. 6. 14.	...	...	...	...	...	—	1	1
1. 5. 7. 8.	...	...	...	...	...	—	1	1
1. 5. 8. 16.	...	...	...	...	...	1	—	1
1. 7. 11. 12.	...	...	...	...	...	1	—	1
2. 3. 4. 12.	...	...	...	...	...	—	1	1
2. 3. 5. 6.	...	...	...	...	...	1	—	1
2. 6. 8. 10.	...	...	...	...	...	1	1	2
2. 11. 12. 14.	...	...	...	...	...	1	—	1
5. 6. 8. 10.	...	...	...	...	...	—	2	2
1. 3. 7. 10. 12.	...	...	...	...	...	—	1	1
1. 3. 7. 11. 12.	...	...	...	...	...	—	1	1
1. 5. 6. 8. 10.	...	...	...	...	...	1	—	1
1. 5. 7. 11. 12.	...	...	...	...	...	1	—	1
3. 5. 8. 9. 14.	...	...	...	...	...	—	1	1
3. 5. 9. 10. 14.	...	...	...	...	...	1	—	1
5. 6. 8. 10. 14.	...	...	...	...	...	1	1	2
1. 2. 5. 6. 8. 10.	...	...	...	...	...	—	1	1
1. 5. 6. 7. 8. 10.	...	...	...	...	...	—	1	1
1. 5. 6. 8. 10. 14.	...	...	...	...	...	—	1	1
3. 5. 8. 9. 12. 14.	...	...	...	...	...	—	1	1
TOTAL						221	167	388

KEY TO CONTRA-INDICATIONS

To avoid :—

1. Heavy manual work.
2. Normally acute vision.
3. Work near moving machinery or moving vehicles.
4. Normal colour vision.
5. Exposure to bad weather.
6. Work in a dusty atmosphere.
7. Prolonged standing, much walking, or quick movement from place to place.
8. Work in a damp atmosphere.
9. Normal hearing.
10. Wide changes in temperature.
11. Much stooping.
12. Work at heights.
13. Normal use of hands.
14. Handling or preparation of food.
15. Work requiring freedom from damp hands or skin defects.
16. Sedentary work.
17. Indoor work.

A SURVEY OF DIPHTHERIA IMMUNISATION IN SCHOOL CHILDREN

By DR. G. E. WELCH, M.B., B.S., D.P.H.

Assistant School Medical Officer.

To secure a satisfactory level of immunity against diphtheria by artificial immunisation, a primary course of injections during the first year of life is required, and also a further injection (often called a "booster" dose) about four years later to restore the immunity, which has fallen considerably, to its former level. Since it is obviously desirable to have the highest possible immunity before a child enters school and is exposed to greater risk of infection, the booster dose is now given between the age of $4\frac{1}{2}$ to 5 years old, and actual immunisation is therefore not carried out by the School Health Service.

At the primary medical examination of new school entrants, carried out during their first year, the opportunity of interviewing parents of 80% of the children is used to stress once more the importance of having them immunised, and to advise any who have not had a booster injection to arrange for this to be done.

This examination also provides an opportunity of estimating the extent to which children of any one school are immunised against diphtheria. The percentage of immunised children in a school may vary considerably both from the percentage known to be immunised in the city and from the percentage in that area of the city. If cases of diphtheria occurred in a school the deciding factor in the extent of the spread of the disease might well be the percentage immunised in the school as opposed to the percentage immunised in the community as a whole.

In 1952 a record was kept of the immunisation state of all new entrants examined in one area of the city, comprising 1,068 children attending seven schools. In the case of 52 children it was not ascertained whether they had been immunised, in a further 84 no details were known apart from the fact that they had been immunised, while in the remaining 932 the times at which they were immunised was found out.

The percentage of children in the sample known to be immunised was 85.4.

Since the "safety level" of immunisation thought to be necessary to prevent diphtheria occurring is 75%, this average percentage is satisfactory. The variation between schools was 10.9%, the highest figure being 90.2% immunised and the lowest 79.3%, this latter figure being still above the safety level. Figures from three

other schools not included in the survey indicate that a slightly larger variation may exist but that the lowest percentage is not likely to be below 75%.

The percentage given above however, includes a certain number of children who have been immunised as babies but not since, and they cannot be regarded as having completely satisfactory immunity. If the criterion of satisfactory immunisation is taken as having had an immunisation (either primary or booster) in the year before entering school the percentage satisfactorily immunised in the survey was 71.3%. The variation was 11.9% and only two of the seven schools were over the safety level—75.1 and 78.0% respectively. The lowest percentage was 66.1 (two schools). Since some of the children were immunised for the first time just before school, a further percentage was calculated—those who had been protected by immunisation during the years 1—5. This was 70.0% varying from 64.3% to 75.0%. Thus if all the children in this area under ten years of age were in a similar state of immunisation to the age group surveyed they would consist of two groups, under fives 70% immunised and over fives 71.3% satisfactorily immunised, in spite of the fact that the over all percentage with some immunisation was 85.4%.

At one school in the city (not included in the survey) these figures were as low as 50.8% satisfactorily immunised, and 54.0% protected from 1—5 years old. It seems possible that this division, together with local variations in immunisation may be responsible for the occurrence of diphtheria in an apparently well immunised community.

In the case of children who had not been immunised or had not had their booster dose, a very high proportion of mothers declared their intention of having this done. Only twenty mothers refused outright to consider immunisation. Reference to the records of the Department of Immunology after a suitable interval showed that of 144 children not immunised only 14 more were immunised and of 122 requiring a booster dose 23 had had this dose. The percentage of children immunised had therefore risen from 85.4% to 86.7% and the percentage satisfactorily immunised from 71.3% to 75.1%.

Later in the year, school nurses paid a home visit to the remaining parents who had expressed willingness to have their children immunised but had not done so, and suggested an actual date on which they could be immunised at a Health Department immunisation clinic. Following these visits, the records showed that

22 more children were immunised for the first time and 21 had a booster dose. The percentage immunised now became 88.8% and the percentage of satisfactory immunisation 79.6%. Eight more mothers definitely refused immunisation.

The figures illustrate the fact that in order to raise the immunisation rate appreciably after school entry, the personal and individual follow up by a school nurse is essential in addition to interviews at the medical examination. Almost twice as many children were immunised for the first time after the nurse's visit as after the medical examination, and approximately equal numbers went for the booster dose after medical examination and nurse's visit. Further visits should probably result in even more being immunised. To combat the present falling off in immunisation it seems justifiable to pay special attention to that substantial minority (possibly 10%) of parents, who, although they have no serious objection to immunisation will not, if left to themselves, get it done. The alternative is to provide immunisation actually in the schools at the time of examination for the minority who have not yet had it. Detailed recording of the immunisation state at medical examination indicates those schools where immunisation is below average, and which require special attention to raise the immunisation to a safe level.

	On Entry	After Examination	After Home Visits
Percentage Immunised ...	85.4	86.7	88.8
Satisfactory Immunisation ...	71.3	75.1	79.6

DIPHTHERIA IMMUNISATION

The Immunisation Clinics continued to work satisfactorily throughout the year, but as there was only one case of diphtheria recorded, as against 14 in the previous year, it is natural that the number of children immunised or re-immunised during 1952 is considerably lower than in 1951. If, however, the figures for 1952 are compared with the more normal years of 1949 and 1950, it will be seen that there has been a marked improvement, not only in attendances at the clinics, but also in the number of children immunised by their own doctors.

From Table V below it will be seen that the immunisation state of the school children in the city has been maintained at over 80%,

and whilst this may seem reasonably high, it should be remembered that not all the children in the older age groups have had boosting doses since infancy, they are therefore not really fully protected.

Propaganda continues to play an important part in endeavouring to have all children immunised, but propaganda alone is not sufficient, and it seems obvious that if the children of disinterested parents are to receive the benefits of immunisation then additional facilities must be offered. Ideally all children should be immunised before reaching the age of one year, with a booster dose before going to school, but, as this ideal is not being fully achieved, the suggestion put forward by Dr. Welch in his article on page 36, namely that immunisation facilities should be offered at the time of the school medical examination, is worthy of consideration.

The following tables give details of the diphtheria immunisation statistics during the past 5 years.

TABLE I

Number of children of school age (5-14 years) who completed a full course of primary immunisation :—

Year

	1948	1949	1950	1951	1952
Clinics	214	109	128	571	181
Private Practitioners ...	148	84	59	292	153
Totals ...	362	193	187	863	334

TABLE II

Number of children of school age (5-14 years) who were re-inoculated :—

Year

	1948	1949	1950	1951	1952
Clinics	476	382	469	2255	566
Private Practitioners ...	199	189	196	824	615
Totals ...	675	571	665	3079	1181

(includes 9 + 15 years)

TABLE III

Number of children of pre-school age who completed full course of primary immunisation :—

Year

	1948	1949	1950	1951	1952
Clinics	3,938	2,928	2,121	3,216	1,992
Private Practitioners ...	1,507	1,218	1,316	1,782	1,629
Totals	5,445	4,146	3,437	4,998	3,621

TABLE IV

Number of children of pre-school age who were re-inoculated :—

				<i>Year</i>				
				1948	1949	1950	1951	1952
Clinics	...	...	...	1,377	1,453	1,135	2,353	1,548
Private Practitioners			...	141	238	231	552	580
Totals				1,518	1,691	1,366	2,905	2,128

TABLE V

Immunisation in relation to the population of school age (5-14 years) :—

				<i>Born in the years :</i>	
				1943-7	1938-42
Number Immunised	...	...	...	18,676	15,263
Estimated mid-year population			...	41,500	
Percentage Immunised	...	...	...	81.77	

TABLE VI

Diphtheria incidence and mortality among non-immunised school children (5-14 years) :—

Year	Number of Cases			Number of Deaths	Case mortality per cent.
1948	2	Nil	0.00
1949	Nil	Nil	0.00
1950	Nil	Nil	0.00
1951	...		9	2	22.22
1952	1	Nil	0.00

MASS RADIOGRAPHY SURVEY OF SCHOOL LEAVERS

The survey of the pupils due to leave school at the end of the Summer and Autumn Terms, 1952, and the Spring Term, 1953, was carried out early in the year. 1,792 boys and 1,759 girls were radiographed at the Newcastle General Hospital.

The number of children found to require further investigation were classified as follows :—

				<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Referred to Chest Clinic	...	...		8	10	18
Kept under observation at the Mass Radiography Unit	...	...		11	4	15
Total	...	...		19	14	33

AGE INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES AMONG SCHOOL CHILDREN—1952.

DISEASE.	Sex.	5 yrs.	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs.	11 yrs.	12 yrs.	13 yrs.	14 yrs.	Total.
Scarlet Fever... ..	M.	79	36	16	17	7	1	11	2	6	—	175
	F.	55	24	15	16	10	15	6	4	5	6	156
Diphtheria	M.	—	—	—	—	1	—	—	—	—	—	1
	F.	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	M.	—	—	1	—	—	—	—	—	—	—	1 Para B.
	F.	—	—	—	—	—	—	1	—	—	—	1 Para B.
Dysentery	M.	1	2	1	—	—	1	—	—	—	—	5
	F.	3	2	—	1	—	—	1	—	—	—	7
Meningococcal Infections ...	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—

AGE INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES AMONG SCHOOL CHILDREN—1952.

DISEASE.	Sex.	5 yrs.	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs.	11 yrs.	12 yrs.	13 yrs.	14 yrs.	Total.
Poliomyelitis ...	M.	3 NP	1 NP	—	1 P	1 P	—	—	—	—	—	* 4 NP + 2 P
	F.	—	1 NP 1 P	1 NP	1 NP	—	—	2 NP	—	1 NP	—	6 NP + 1 P
Encephalitis ...	M.	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—
Chickenpox ...	M.	405	243	121	82	43	30	19	8	13	4	968
	F.	300	224	133	86	38	34	18	11	6	6	856
Food Poisoning ...	M.	1	—	—	—	—	—	—	—	—	—	1
	F.	—	—	—	—	—	—	—	—	—	—	—
Measles ...	M.	547	187	58	23	6	10	3	5	4	4	847
	F.	484	147	53	26	9	13	6	5	—	4	747
Rubella ...	M.	417	297	222	144	105	67	49	38	32	16	1387
	F.	332	244	201	140	112	84	69	45	24	42	1293

AGE INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES AMONG SCHOOL CHILDREN—1952.

DISEASE.	Sex.	5 yrs.	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs.	11 yrs.	12 yrs.	13 yrs.	14 yrs.	Total.
Whooping Cough ...	M.	128	39	17	3	1	—	1	—	—	—	189
	F.	101	24	10	2	2	—	—	—	—	—	139
Pneumonia ...	M.	9	10	1	1	3	2	—	1	—	1	28
	F.	8	5	1	1	4	—	1	1	—	—	21
Tuberculosis Pulmonary ...	M.	1	4	3	4	—	1	2	4	2	1	22
	F.	—	1	2	1	—	1	1	1	4	5	16
Tuberculosis Non-Pulmonary	M.	1	—	1	1	—	—	—	1	2	—	6
	F.	—	1	1	—	1	—	—	—	1	1	5

* NP=Non-paralytic.

P = Paralytic.

DEATHS OF SCHOOL CHILDREN DURING 1952. AGE 5-14 YEARS INCLUSIVE.

CAUSE OF DEATH.	5		6		7		8		9		10		11		12		13		14		Totals.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Tuberculosis of Meninges ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Leukaemia and Aleukaemia ...	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Neoplasm of Unspecified nature of Brain ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Anaemia ...	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—
Chronic Nephritis ...	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—
Bronchopneumonia ...	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Bronchiectasis ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital malformations of Circulatory System ...	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Road Accidents ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Accidental Drowning ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	1	—	1	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—	6	—	—	—
	—	1	—	1	—	—	—	3	—	—	—	1	—	—	—	—	—	—	—	1	—	—
	2	—	2	—	—	—	—	3	—	—	2	—	1	—	—	—	1	—	2	—	13	13

TUBERCULOSIS

Children found at Routine Medical Inspections at schools or by the School Medical Officers at the Consultation Clinics, who are suspected to be possible cases of tuberculous infection are referred either to the Chest Clinics at the East and West end of the City or to the Children's Department at the Newcastle General Hospital. Reports are sent to the Senior School Medical Officer by the Chest Physicians and also details of other child cases and contacts, including children admitted to Stanington Sanatorium.

During the year reports were received in respect of 107 school children and are summarised as follows :—

AGE	NOT TUBERCULOUS		Found to be Tuber- culous	TOTAL
	Discharged from Clinic	Still under observa- tion		
5 years 	10	6	1	17
6 years 	6	6	1	13
7 years 	3	4	1	8
8 years 	8	3	3	14
9 years 	3	7	—	10
10 years 	6	6	—	12
11 years 	4	4	1	9
12 years 	2	3	—	5
13 years 	1	2	1	4
14 years 	2	4	—	6
15 years 	2	7	—	9
TOTALS 	47	52	8	107

CHILD GUIDANCE

The arrangements continued as in previous years. The Hospital Management Committee have a Clinic in the City, and children who require psychiatric examination are referred there, by appointment, and are seen by the physicians from the St. Nicholas Hospital. The reports received from the physicians are very helpful and our thanks are due and offered to them for their help during the year.

During the year 41 children were referred to the psychiatrists.

CARDIOVASCULAR CLINIC (Newcastle General Hospital)

This clinic has continued on the same lines as in previous years and 32 boys and 42 girls were specially examined and reported upon. These reports are very helpful in deciding the type of education and activities of the children.

I am again grateful to Dr. W. G. A. Swan and his staff for their very full reports and suggestions.

The following is a summary of the cases seen during the year :—

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Congenital Heart Disease	...	...	1	1	2
Rheumatic Carditis	...	...	1	—	1
Mitral Stenosis	...	...	1	3	4
Mitral Incompetence	...	...	—	1	1
Pulmonary Stenosis	...	...	3	1	4
Aortic Stenosis	...	...	2	1	3
Aortic Incompetence	...	...	—	1	1
Ventricular Septal Defect	...	...	1	3	4
Atrial Septal Defect	...	...	1	1	2
Fallot's Tetralogy	...	...	—	1	1
Patent Ductus Arteriosus	...	...	—	3	3
Systolic Murmur (organic)	...	...	—	2	2
Systolic Murmur (not organic)	...	...	14	17	31
Displacement of Heart	...	...	—	1	1
No Disease	...	...	8	6	14
Total	...	...	32	42	74

PENDOWER OPEN AIR SCHOOL

This school continues to do excellent work for the physically handicapped and delicate children. It is very popular with both parents and children as is shown by the waiting list. To reduce the waiting list, another two classrooms are under construction which should relieve the position for some time.

Dr. Mary Anderson, Assistant School Medical Officer, visits the school on one session each week and is available to see any children referred by the Nurse or Head Teacher. All children referred for admission to the school are seen by Dr. Anderson who also examines all the pupils each term and those who are fit are discharged for re-admission to the ordinary schools.

I wish to record my appreciation and thanks to the Head Teacher and her staff and also the School Nurse for their work and co-operation.

Number of pupils on Register 1st January, 1952	...	123
Number admitted during the year	...	50
Number discharged during the year	...	49
Number of pupils on Register 31st December, 1952	...	124

REPORT BY DR. MARY ANDERSON, M.B., B.S., Assistant School Medical Officer.

	On Register January 1st			On Register December 31st			Admitted during year			Discharged during year		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Anaemia and Debility ...	10	9	19	8	10	18	3	8	11	5	7	12
Heart Cases ...	5	6	11	3	5	8	—	—	—	2	1	3
Bronchiectasis ...	5	7	12	6	4	10	2	—	2	1	3	4
Bronchitis... ..	6	4	10	9	6	15	4	4	8	1	2	3
Asthma	16	3	19	15	5	20	5	3	8	6	1	7
T.B. Lungs (healed)	4	6	10	4	3	7	2	1	3	2	4	6
T.B. Lungs (suspect)	5	2	7	5	3	8	2	1	3	2	—	2
T.B. Spine	5	2	7	4	3	7	—	1	1	1	—	1
T.B. Other Bones	2	3	5	—	4	4	—	2	2	2	1	3
T.B. Glands	3	2	5	2	1	3	1	—	1	2	1	3
T.B. Peritonitis ...	1	—	1	—	—	—	—	—	—	1	—	1
T.B. Meningitis ...	1	—	1	1	—	1	—	—	—	—	—	—
Chorea	—	—	—	—	1	1	—	1	1	—	—	—
Spastic	1	1	2	1	2	3	—	1	1	—	—	—
Hemiplegia	1	—	1	1	—	1	—	—	—	—	—	—
Fragilitis Ossium	—	1	1	1	1	2	1	—	1	—	—	—
Poliomyelitis ...	1	1	2	2	1	3	1	1	2	—	1	1
Spina Bifida	—	3	3	—	4	4	—	1	1	—	—	—
Deformity (burns)	—	2	2	—	2	2	—	1	1	—	1	1

REPORT BY DR. MARY ANDERSON, M.B., B.S., Assistant School Medical Officer
continued

	On Register January 1st			On Register December 31st			Admitted during year			Discharged during year		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Ataxia ...	1	—	1	1	—	1	1	—	1	1	—	1
Brain Tumour ...	1	—	1	—	—	—	1	—	—	1	—	1
Diabetes ...	1	—	1	1	—	1	—	—	—	—	—	—
Muscular Dystrophy ...	1	—	1	—	—	—	—	—	—	1	—	1
Post-encephalitis ...	—	—	—	1	1	2	1	1	2	—	—	—
Perthes Disease ...	1	—	1	2	—	2	1	—	1	—	—	—
Hepatitis ...	—	1	1	—	—	—	—	—	—	—	1	1
Degeneration of nervous system (undiagnosed) ...	—	—	—	1	—	1	1	—	1	—	—	—

Left School Over Age—2 Boys, 1 Girl.

Left the District—2 Boys, 1 Girl.

Transferred to Stannington Sanatorium—1 Boy.

Transferred to Partially Sighted School—1 Boy.

Transferred to Sanderson Hospital—1 Girl.

Number of Treatments given by the School Nurse during 1952

Septic Sores	...	...	...	...	...	...	2291
Chilblains	...	...	...	...	...	...	184
Blepharitis	...	...	...	...	...	...	32
Other Eye Conditions	...	...	...	...	...	...	367
Otitis Media	...	...	...	...	...	...	232
Other Ear Conditions	...	...	...	...	...	...	80
Uncleanliness (Head)	...	...	...	...	...	...	76
Total							3262

**PENDOWER OPEN AIR SCHOOL
CLASSES FOR PARTIALLY SIGHTED CHILDREN**

Number of pupils on Register 1st January, 1952	...	...	...	33
Number admitted during the year	...	...	...	6
Number discharged during the year	...	...	...	7
Number of pupils on Register 31st December, 1952	...	...	...	32

As in previous years, Dr. J. D. Milne, part-time Ophthalmic Surgeon, examines all the pupils once a year and more often when necessary.

No pupils have been transferred to Blind Schools or ordinary schools during the year.

**DAY SPECIAL SCHOOLS FOR EDUCATIONALLY
SUB-NORMAL PUPILS**

The two day special schools at Lower Condercum House for boys, and Bolam Street for girls, continue to do excellent work for the educationally sub-normal, and I wish to thank the Head Teachers and their staffs for their continued help and co-operation.

LOWER CONDERCUM HOUSE SPECIAL SCHOOL

By P. J. WALKER, *Headmaster.*

Number of pupils on the Register, January 1st, 1952	...	148	
Number of pupils admitted during the year	... ..	42	
		<hr/>	190
Number left during the year :—			
Age Limit	... ..	19	
Left the District	... ..	2	
Reported to the Local Health Authority	...	2	
Admitted to St. Nicholas Hospital, Newcastle	...	1	
Committed to Aycliffe Approved School	... ..	2	
		<hr/>	26
Number of pupils on the Register, December 31st, 1952			164
Mid-day Meal :—			
Total number of Meals provided	... ..	26,013	
Total number of Meals paid for by parents	...	13,917	
Total number of Meals paid for by N.E.C.	...	12,096	
Amount received from parents £192 6s. 7d.			

During the mid-summer holidays, renovation, re-equipment, and re-staffing of the school kitchen was completed, and from the beginning of the autumn term the mid-day meals have been prepared and cooked on the premises.

The re-opening of the kitchen has made it possible to organise the dinner in two sittings, thereby enabling the pupils to partake of the meal under less crowded, and much more desirable conditions.

At the beginning of November a Mothers' Club was commenced for parents and friends interested in the welfare of the children, and the work of the school. So far the meetings have been very enjoyable and successful, and the number of members is steadily increasing.

BOLAM STREET SPECIAL SCHOOL

By MISS R. A. HICKMAN, *Headmistress*.

Number on the Register, January 1st, 1952	...	...	88
Number admitted during the year	...	...	25
		—	113
Number left :—			
Age Limit	...	...	12
Reported to Local Health Authority	...	...	6
Granted Exemption	...	...	1
Left the District	...	...	1
Admitted to Residential Special School	...	...	1
		—	21
Number on the Register, December 31st, 1952	...	...	92
Mid-day Meal :—			
Total Number of Meals provided	...	...	14,107
Number paid for by parents	...	...	8,894
Number paid for by Newcastle Education Committee			5,213
Amount contributed by parents	£125 18s. 8½d.		

SCHOOL WORK

A reorganisation of the school early in the year was made possible by the addition to the premises of a new building equipped in a modern fashion as a dining room with serving kitchen attached. During school hours the new dining room is able to be used as a classroom, making a total of four classes instead of three. This has not only increased the total accommodation of the school but has also reduced the range of age and mentality in each class.

The nursery class occupy the new classroom, and make full use of the spacious accommodation.

The recent supply of new furniture throughout the school, including a new piano, was gratefully accepted and is proving most useful and refreshing to both pupils and teachers.

The keen interest shown by the children in learning to read, reflects the attitude of the staff to the teaching of this subject. The standard of attainment reached by the higher grade girls is certainly gratifying. As they are able to read story books similar to those read by normal girls of ten to twelve years of age, periodic visits are made to the local branch of the Public Library. There the girls are shown how to use the library and given the opportunity in school hours to read the books borrowed. It is hoped in this way to encourage the girls to read in their leisure time especially after leaving school.

RESIDENTIAL SPECIAL SCHOOLS

The following children have been maintained in Residential Special Schools :—

Blind ...	...	...	...	...	...	...	6
Crippled	...	...	...	...	...	...	76
Epileptic	...	...	...	...	...	...	3
Deaf and Dumb	...	...	...	...	...	...	43
Heart Disease	...	...	...	...	...	...	8
Residential Open Air	...	...	...	...	...	...	3
Educationally Subnormal	...	...	...	...	...	...	33
Maladjusted	...	...	...	...	...	...	4
Total ...							176

As in previous years these schools have been visited by the School Medical Officers.

NURSERY SCHOOL AND CLASS

The Nursery School at Ashfield House and the Nursery Class at Delaval Primary School continue to be very popular and there are large waiting lists.

The School Clinic at Ashfield House is most convenient and immediate attention is given by the nursing staff to all children referred.

ASHFIELD NURSERY SCHOOL January, 1952—December, 1952

By Miss M. D. DIXON, *Head Teacher*.

From January, 1952 to December, 1952, 71 children were admitted to the Nursery School. This is an increase of 15 on the number of admissions made during the previous year, and the highest since the Nursery was re-opened in 1947.

While the majority of children left to attend Infant Schools in the district, it is interesting to note that quite a number left because

their parents were successful in obtaining a Council house on one of the new estates. In every case the mothers deplored the fact that there were no facilities for Nursery Education in the district.

The waiting list remains always at approximately 250, and only cases of extreme hardship can be admitted to the Nursery. Bad housing conditions, health reasons, lack of safe and suitable playing space, together with the rising cost of living resulting in mothers being obliged to take part-time work, are the main reasons on the priority waiting list.

The general standard of health and cleanliness is very high, and there have been few cases of infectious illness during the year. The Clinic staff are most helpful and courteous at all times, and their whole hearted interest and co-operation has given a stimulus to the mothers, who now most willingly seek advice and help regarding their children. Each child has been medically examined twice, and practically all the mothers made a special effort to attend.

The weekly charge remains at 2/6d., and the children receive dinner, a tea meal both morning and afternoon, fresh fruit, cod-liver oil and orange juice.

Extensive alterations are planned for the garden, and improvements have been made to the sand pit.

The Mothers' Club continues to flourish, and has met each week throughout the year. £35 was raised for the Toy Fund, and the Annual Outing in June to Harrogate and Knaresboro was most successful.

In the event of war, Ashfield Nursery School will be used as a Rest Centre. It is gratifying to note that 16 mothers have volunteered for Civil Defence, with a view to staffing the Rest Centre. They have already completed their basic training and first aid courses. Eight mothers have formed a drama group, and have produced a most successful One Act Play.

We have welcomed many interested visitors to the Nursery during the year, including parties of students from local training colleges.

DELAVAL NURSERY CLASS

By MISS J. B. FAIL, *Head Mistress*.

This is a group of thirty children whose ages are between three and five. Of the twenty-six children who left this year, the majority passed into the Infant Department. A trained teacher with two nursery students is in charge of the group. Two students left and are now training as teachers, and two new students were appointed.

There is a waiting list of seventy children, but only the most necessitous cases can be admitted. Of the children at present in the nursery ten of the mothers are working, seven come from broken homes, five from families with a history of tuberculosis and other children come from overcrowded homes.

A mid-day meal is cooked at Whickham View Canteen. The cost is sixpence a child, but there are eleven of the children on the free list. Cod-liver oil, orange juice, a third of a pint of milk and biscuits are provided daily.

Every week a nurse from Atkinson Road Clinic carries out a hygiene inspection, where necessary she follows up special cases with a home visit. The children are weighed and measured regularly, and they all gain.

This year there have been seven cases of measles, and one of scarlet fever. Coughs, colds, and tonsillitis are the main causes of absence. The attendance for the year was 85%.

The Mothers' Club meets fortnightly with an attendance of fifteen to twenty mothers. Fathers mend broken toys and take part in outings and parties.

THE SCHOOL MEALS SERVICE

The output of the school meals kitchens has continued to increase and an output of 93,442 dinners, the highest yet achieved, was reached during the week ended 19th December, 1952. Three kitchen dining rooms, at Hilton Primary School, Lower Condercum Special School and Walker R.C. School, were opened during the year.

The following statistics obtained for the Ministry of Education illustrate the contribution which the service makes to the amenities provided for the children attending the schools of the City :—

DATE	Pupils in attendance at School			Pupils taking mid-day meals and milk at School			
				Meals			Milk
	Primary	Secon- dary	Total	Free	Pay- ment	Total	
Feb., 1952 ...	23,501	12,686	36,187	3,696	11,566	15,262	31,663
June, 1952 ...	24,968	11,827	36,795	3,605	11,518	15,123	32,828
Oct., 1952 ...	25,532	12,168	37,700	3,589	12,266	15,855	33,235

REPORT OF THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN INSPECTORS' WORK, 1952

In the course of the year our three Inspectors made investigation into 667 cases which concerned the welfare of 1,581 children. These figures represent an increase of 39 in the number of cases and an increase of 133 in the number of children involved as compared with the preceding year. Very careful enquiry was made into the circumstances of each case and the following classifications were made : Neglect 380 ; Assault or Ill-treatment 134 ; Moral Danger 12 ; Beyond Control 13 ; Aid or Advice Sought 128.

The following action was taken : Warned 498 ; Prosecuted and Convicted 13 ; Brought before the Juvenile Courts 7 ; Dealt with in other ways 20 ; and 128 cases in which the Inspectors gave aid or advice to parents or guardians who were confronted with difficult problems concerning children in their care. One case was dropped after investigation.

The Committee are much indebted to the following friends who notified cases for investigation : The General Public 539 ; the Police 22 ; School Officials 22 ; other officials 74 ; discovered by the Society's Inspectors 10.

The Inspectors' task is not completed by warning and advising, for all cases are kept under careful supervision with the object of giving encouragement or checking relapses, and for these purposes they made 2,744 visits to the children in their homes and undertook 2,837 miscellaneous visits of enquiry : they also carried out 68 investigations in Newcastle upon Tyne and districts on behalf of other Branches of the Society.

In bringing the cases to a successful conclusion the Inspectors have of necessity to be firm, and the delicate and exacting nature of their work calls for considerable patience, tact and understanding if they are to surmount the many complex situations that arise.

Attention is drawn to the urgent need for constant vigilance and especially in respect of children under school age. In our branch out of 1,581 children dealt with last year, 752 were babies under five years of age.

The Inspectors also gave help in respect of supplementary Court Action as follows:- Number of cases assisted with the Society's evidence in proceedings instituted by Other Parties in Adult Courts 65 ; in Juvenile Courts 8.

The Committee desire to express their warm thanks to the General Public, the officials of Local Authorities, the Police, school and other officials for their very helpful co-operation. The Press, too, are thanked for giving publicity to the Society's work.

CHILDREN'S COMMITTEE

There is close co-operation between the School Health Service and the Children's Officer.

The School Medical Officers carried out many examinations of Boarded Out children, cases referred by the magistrates from the Juvenile Court and handicapped children who are under the care of the Children's Committee. It is not always realised that such reports may take some time to complete, especially when both medical and psychological examinations are necessary. In every case these examinations were carried out most carefully so that a complete report was presented to the magistrates for their consideration.

The following is a summary of the cases dealt with during the year :—

Certifying Officers	...	...	...	...	...	16
(For ascertainment of Mental Condition)						
Psychiatrists of Child Guidance Clinics	...	...	...	...	...	9
School Medical Officers—						
Physical Examination	...	...	...	...	...	3
Boarded-Out Cases	...	...	...	...	...	62
Freedom from Infection Certificates in respect of children temporarily under the care of the Children's Officer	...	...	...	...	...	84

EMPLOYMENT OF SCHOOL CHILDREN

During the year 729 children (587 boys and 142 girls) were examined at the Clinics for permits for part-time employment. These examinations were carried out by the School Medical Officers and the analysis of the cases was as follows :—

					<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Delivery of Newspapers, Errand Boys and Shop Work	...	...	...	...	587	100	687
Entertainments and Performances	...	...	...	...	—	42	42
Total					587	142	729

SCHOOL PREMISES

The Education Committee's Building Surveyor reports the following additions and improvements which were carried out during the year :—

New Schools (Infant Departments)	3
Additional Classrooms	1 school.
Sanitary improvements	12 schools.
Playground repairs	2 schools.
Electrical installations	1 school.
Miscellaneous improvements to windows, floors of class-rooms, corridors, etc.	11 schools.
Sports Pavilions erected on Playing Fields	2

REPORT FROM THE CHIEF SANITARY INSPECTOR

In connection with the Food and Drugs Acts, 1938, and 1944 (Special Designation (Pasteurised and Sterilised), samples of Milk were taken regularly and the results of the Tests carried out were reported to the Senior School Medical Officer. All reports received were satisfactory.

Throughout the year 34 inspections were made on Primary and other schools. No major defects were found. Small defects were reported to the Education Architect and were attended to immediately. Otherwise all the premises were found to be in a satisfactory condition.

HEALTH VISITORS' TRAINING COURSE

This Course was again arranged by the Public Health Department and the nurses attending carried out their practical training at the various clinics and schools in the City under the supervision of the School Nurses. They also accompanied the School Medical Officers to the various schools for the Routine Statutory Inspections of the three prescribed age groups.

A Course of Lectures on the School Health Service was given by a School Medical Officer, the Senior School Dental Officer, the Consulting Orthopaedic Surgeon and the Senior School Nurse.

A visit to one of the District Kitchens run in connection with the School Meals Service was also arranged and with the kind permission of the Headmasters of the Royal Victoria School for the Blind and the Northern Counties School for the Deaf, visits to these two schools enabled the nurses to see the work done for these handicapped pupils.

The three day special schools maintained by the Local Education Authority for physically handicapped and educationally sub-normal children, were also visited.

PARENT-TEACHER ASSOCIATIONS

As in previous years these Associations have continued to function and have been addressed by members of the staff of the School Health Service. Discussions held at the end of each Talk, are most useful and show the interest the teachers and parents have in the running of the schools and other services which are available for the children.

POST CERTIFICATE REFRESHER COURSE

Two School Nurses attended the Post Certificate Refresher Course held at Oxford in July, 1952.

**MEDICAL EXAMINATION OF CANDIDATES FOR
ADMISSION TO TRAINING COLLEGES FOR TEACHERS**

The Ministry of Education Circular 249 (28th March, 1952), states that these candidates, who were previously examined by either a Medical Officer for a Training College, or any medical practitioner whose name was on a special list issued by the Ministry of Education for this purpose, shall now be examined by a School Medical Officer for the area in which the candidate lives. In many cases the records of these candidates are known to the School Health Service.

MISCELLANEOUS MEDICAL EXAMINATIONS

The School Medical Officers continue to examine teachers, and other candidates for appointment to the Education Authority's staff. Students leaving the Kenton Lodge Training College after completing their training course were also medically examined by one of the School Medical Officers.

Particulars of these examinations are given below :—

Candidates for appointment in the service of the Education Committee	...	...	...	...	...	...	...	331
Candidates for entrance to Training Colleges	...	...	...	...	...	...	...	43
Candidates leaving Kenton Lodge Training College	...	...	...	...	...	...	...	50

CO-OPERATION OF TEACHERS AND OTHERS

I am very grateful to the teachers for their continued help and co-operation throughout the year.

I should like to record my appreciation and best thanks to the Chairman and Members of the School Health Services and Child Care Sub-Committee for their obvious interest and enthusiasm shown in all departments, and to the Director of Education and his administrative staff for their willing co-operation.

My grateful thanks are also due to the Principal School Medical Officer for his help and keen interest in the work of the School Health Service, and to the Assistant School Medical Officers, School Dental Officers, Physiotherapists, Speech Therapists, nursing and clerical staff for the excellent work done during the year.

In conclusion my special thanks are due to the Acting Superintendent School Nurse (Miss Evelyn D. Coulson, A.R.R.C.) and my Chief Clerk (Miss Jessie S. Hills) for their great help always freely given. Miss Hills is again responsible for all the Statistical Tables.

(Signed) R. F. LUNN,
Senior School Medical Officer.

REPORT ON PHYSICAL EDUCATION

By CONRAD A. HOLMES AND MISS C. M. THOMAS
Organisers of Physical Training.

Athletics

During the Summer term there was much activity in the sphere of athletics ; interest increased and a desire to make the most of facilities provided on playing fields resulted in more coaching of children being undertaken than in previous years.

To help those schools as yet unable to use a playing field, evening coaching sessions were arranged for one evening each week during the Summer term. Two centres, one at the east end and another at the west end of the City, were established and a cinema show of loop films was given to inaugurate the group coaching scheme. It was disappointing to those who arranged and supported the scheme that so few schools took advantage of the opportunity offered by the scheme.

The Athletics Section of the Newcastle Schools' Sports Association held its first public meeting on a sunny Saturday afternoon on the Sam Smith Playing Field.

The meeting was successful in many ways and more than the nineteen school departments took part.

As a result of the meeting and the careful deliberations of a team of selectors who had watched the progress of promising athletes throughout the term, a team was chosen to represent the City at the County Sports at Ashington in July.

In addition to the team of athletes the City was represented by a number of teachers who acted, in various capacities, as officials.

Due mainly to the efforts of the boys, the City was placed second in the County Championships. This resulted in one girl and ten boys being chosen for inclusion in the Northumberland team which took part in the Inter-County Championships held at Bradford.

It is hoped that interest in athletics will further increase as more children are given the opportunity to visit a playing field.

Games—General

The gradually increasing availability of attached and unattached playing fields made it possible for more schools to have the opportunity to play games.

The use for the first time of the Stamfordham Road Playing Field in the west end of the City catered for six schools in the area, all of whom took full advantage of the facilities offered to them.

Four of the schools concerned came from built up areas where bricks and mortar abound and green grass is rarely seen, so to be on a playing field meant very much more than just the opportunity to play a game.

It was found possible to arrange for all the girls and most of the boys of the 11+ group in the schools to visit the field, thus ensuring that they learnt the basic skills at an early age and entered into a game when their technical skill merited it. Coaching was based on a long term policy suited to the needs of the children and there was no danger here of the training beginning too late and lasting for too short a period.

These beginners made progress and showed promise of what they would be able to do as field games became a regular occurrence in their lives and as experience added to their skill.

In schools where a weekly visit to an unattached playing field had become an established practice, careful coaching continued and the standard of play improved.

Those schools with attached fields made full use of their opportunities and there was evidence of the game being played with increasing skill, knowledge and ability.

Girls

At the junior hockey tournament arranged by Northumberland Hockey Association, the City was represented by the two High Schools.

Netball continued to be played in most senior schools and in an increasing number of junior schools. A course in coaching and umpiring was held during the Spring and Autumn terms and a number of teachers attending the course gained umpires' certificates.

Three rallies were held during the year in which eighteen senior and seventeen intermediate teams took part ; all were most successful, play was good and the neat attractive appearance of the teams showed the effort that had been made to get teams uniformly dressed.

At an Inter-Town rally held in West Hartlepool the City was represented by three specially selected teams who played well throughout a day of bad weather.

Rounders increased in popularity as more schools were given the opportunity to play the game.

It was played with equal enthusiasm by junior and senior schools and as a climax to the season a record number of teams entered for a Tournament in July.

In view of the number of schools entering teams for the Tournament it was particularly disappointing that play had to be stopped because of bad weather.

Tennis was played in a few schools where opportunity permitted and one girls' school played cricket enthusiastically and successfully.

The rallies, league fixtures and tournaments held during the year were made possible by the voluntary help of teachers, who gave of their spare time willingly, unstintingly and cheerfully. We were also indebted to members of the Northumberland Netball Association for whose loyal support we were grateful throughout the year.

Boys

There has been little change in the general scheme of organised field games for boys, though the use of the recently opened or extended playing fields is having a marked effect on the boys of those schools which use them. There is a steadily increasing number of teachers who understand and who take the trouble to employ up-to-date methods on the playing fields. The teacher content to stand on the touchline with an overcoat for himself and a whistle for the children is now rarely seen. As a result, more boys are receiving a

sound basic training in all the major games. It is only those boys who receive the blessings of such sound training who are likely to carry their love for games into their post-school life.

The fact that the City Boys' Football Team has not been in the headlines lately is no criterion of the excellence of the present day organised games periods, where the aim is not to produce a few champions but to spread widely the love of the game for its own sake.

Although the organised school games periods account for by far the greatest amount of usage of the playing fields, it is inevitable that competitive games should attract the greatest amount of attention. The Newcastle Schools' Sports Association school league competitions in cricket and football have again expanded in size and scope. A school which does not field at least one team every Saturday is a very rare exception, and most secondary modern schools have two or more teams out. The teachers, whose combined efforts make possible, and who are themselves responsible for the organisation and conduct of these out of school games, have continued to meet every call upon their free time with undiminished enthusiasm and vigour.

The Schools' Cricket Section has made particular progress during 1952. This was to some extent to be expected, as there has been a very marked increase in the number of cement and grass wickets brought into use in 1951 and 1952, with consequently more schools able to take a really serious interest in what had hitherto been a veritable Cinderella among major school games. It is very satisfactory to record the Education Committee's determination to derive the maximum benefit from school playing fields by the gradual provision of the best possible facilities on each one of them. The year 1952 has brought us considerably nearer the target of at least one full-sized cement wicket on every playing field and there is reason to hope that by the end of 1953 this objective will have been attained.

Physical Training

By the end of 1952 many of the infant schools had been supplied with portable climbing and agility apparatus. This apparatus added greatly to the value of the physical training lesson providing the children with purposeful undirected activity and developing initiative, skill, courage and independence.

Some of the more timid children made amazing progress through being allowed to explore, in their own way, the possibilities

the apparatus afforded, they gained self-confidence and self-reliance and soon ceased to be rather shy, withdrawn people. The less shy were provided with a wonderful opportunity to manifest their skill.

The apparatus proved a valuable teaching aid and was much appreciated by Head Teachers and staffs of infant schools.

A limited amount of agility apparatus supplied to junior schools made an equally effective contribution to the lessons of the junior children in schools where it was installed.

The need for apparatus specially designed for junior age children is very evident to those whose concern they are ; junior age children, capable of tremendous effort, vitally and enthusiastically interested in all they do are impatient of things which do not demand a maximum effort on their part. Therefore some form of agility apparatus is as necessary to the welfare and progress of the junior age children as it is to that of infant and senior age children.

The work in primary schools was greatly affected by the ever increasing number of children who were admitted to the schools during the year. It was also influenced by the many changes of staff due to the opening of new schools, the closing of others, and the retirement of Head Teachers. To a lesser degree the changes made through the rearrangement of school areas affected the work in that there was a change of child population within a number of departments.

In spite of all this re-adjustment the standard of teaching in most schools was as good and effective as usual, but the results were more difficult to assess in view of the many changes that had taken place during the year.

There were few changes of staff in both boys' and girls' secondary schools, fewer than for some time past, and as a result steady progress was made.

Two courses in Physical Training for men teachers were conducted by the Committee's organisers during the winter months. Such was the enthusiasm of one of these groups of teachers that they continued to meet weekly long after the official conclusion of their course. The same group has recently formed a basket ball team and will seek to enter the North Eastern Basket Ball League in 1953.

Swimming

The standard of swimming was never better than in the first seven months of 1952. The constant good work of previous years manifested itself in many ways ; there were good swimmers in all

age groups, the style of these swimmers was of an exceptionally high quality and as a result of this speed developed without stress or strain.

It was as though the problems and difficulties of previous years had been overcome and ceased to exist, a tradition had been established and there was a general feeling of satisfaction in a thing well done—yet promising to be better in the future.

Apart from the steady progress and satisfactory improvement noted in the routine lessons there were many out of school activities ; Winter Leagues were well supported and some excellent times were recorded, more schools than ever before held school galas, many of these took place in the Northumberland Road Bath which requires competent swimmers to cope with the length of the bath.

The City Gala held in July was acclaimed the best ever held, one hundred and fifty children from thirty-seven schools taking part. All the competitors showed an easy self-confidence and were well versed in all matters governing competitive swimming.

The City was represented at the Northumberland and Durham Gala where the girls were winners in the under fifteen section while the boys tied with Darlington for first place in the same section.

There were further successes through teams who visited Carlisle and Gateshead, the City's High and Grammar Schools competed in the Inter-High and Inter-Grammar School Galas and Rutherford Grammar School reached the final of the All-England Schoolboy Team Championship for the second year in succession.

Many children throughout the year took the awards of the Royal Life Saving Society and there were no failures.

In the Cox Memorial Trophy competition open to all schools in the North Eastern area, the City won the girls' event through a team from Middle Street Girls' School and the boys' event through a team from Whickham View County Secondary Boys' School.

It was a year of achievement and, though pleased with the successes, these, it was realised, depended utterly and entirely on the sound training the children received in their weekly lesson or their weekly attendance at a school swimming club.

Having achieved so much it was deeply regretted when instruction in swimming ceased at the end of September for the winter months as this curtailment meant that the high standard of work could not be maintained in the shortened period of tuition in the summer months.

Playing Fields

The developments on playing fields have continued without slackening throughout 1952. The mobile ground staff has been increased in number and new machinery purchased in the attempt to keep the Committee's playing fields in a satisfactory state of maintenance. Fields recently renovated and grounds attached to the newly opened schools all require a tremendous amount of attention before they are ready to stand up to the heavy wear and tear of school usage. It is this form of capital improvement which is occupying so much of the time of the mobile ground staff, and some years may elapse before the invaluable work now being done becomes apparent to the casual observer.

It is safe to assume that there will never be enough playing field space in a city to meet all demands. Great progress has been made in recent years towards meeting the most pressing needs of the schools and youth organisations, and this progress will be acknowledged by all who have any knowledge of the problem. A new and urgent need has nevertheless cropped up in the west end where those schools which have been using the West Road Playing Field have been displaced by the commencement of the new Rutherford Grammar School. These schools need an area comparable to that of the North Road Playing Field (13 acres) if they are to be accommodated as before. It would seem that this problem can only be solved by transporting the children to those sites (at present under-developed) owned by the Education Committee and situated on the extreme western boundaries of the City.

Physical Recreation (Youth and Adult)

Routine visits to clubs and evening classes continued throughout the year.

The revised regulations governing the formation of recreational Physical Training classes resulted in the loss of several classes which had been running successfully for many years. Others, unable to maintain attendances at the higher levels, now required, were unable to continue through the winter.

In addition, a great deal of help was given in connection with games and league fixtures, rallies, tournaments and sports days.

Scottish dancing which had been growing in popularity during the past few years was more popular than ever and a record number of people attended classes during the season.

Teachers were trained to meet the demand for classes and it was pleasing to note the high standard of performance achieved by both beginners and those with more experience.

Effective displays of Scottish dancing were given at a number of " Open Evenings " and a team from one class demonstrated at the King's College Dance Festival held in connection with Rag Week.

Other forms of recreative dance continued to be popular and at a Dance Festival arranged by a voluntary organisation, thirty-two teams contributed to the programme.

The Festival, which was non-competitive, lasted throughout an afternoon and evening and the items included the folk dances of most European nations.

Ministry of Education
Medical Inspection Returns

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups—

Entrants	....	....	....	....	6,028
Second Age Group	....	....	....	....	3,467
Third Age Group	....	....	....	....	2,318
TOTAL					11,813

Number of other Periodic Inspections 599

GRAND TOTAL 12,412

B.—OTHER INSPECTIONS.

Number of Special Inspections	....	....	....	....	10,155
Number of Re-Inspections	....	....	....	....	2,510
TOTAL					12,665

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Group.	For defective vision (excluding squint).	For any of the other conditons recorded in Table IIA.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants 	76	898	943
Second Age Group ...	295	342	591
Third Age Group ...	207	145	324
Total (prescribed Groups) 	578	1,385	1,868
Other Periodic Inspections 	51	99	136
Grand Total 	629	1,484	2,004

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1952.

Defect Code No.	Defect or Disease. (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects.		No. of defects.	
		Requiring treatment (2)	Requiring to be kept under observa- tion, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observa- tion, but not requiring treatment (5)
4	Skin	71	14	851	95
5	Eyes—a. Vision	629	36	—	343
	b. Squint	149	26	—	41
	c. Other	46	11	287	52
6	Ears—a. Hearing	38	25	—	71
	b. Otitis Media	38	23	175	21
	c. Other....	36	6	195	73
7	Nose or Throat....	433	263	411	526
8	Speech	86	16	—	79
9	Cervical Glands....	21	36	83	92
10	Heart and Circulation	52	36	—	51
11	Lungs	70	186	—	225
12	Developmental—				
	a. Hernia	14	10	—	5
	b. Other	6	5	—	—
13	Orthopaedic—				
	a. Posture	39	7	—	16
	b. Flat foot	134	14	—	44
	c. Other	228	63	62	120
14	Nervous System—				
	a. Epilepsy	5	6	—	6
	b. Other	—	4	—	26
15	Psychological—				
	a. Development	17	17	—	5
	b. Stability	28	23	—	10
16	Other	110	51	1,241	716

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups.	No. of Pupils In-spectd	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	6,028	3,266	54.18	2,609	43.28	153	2.54
Second Age Group	3,467	1,247	35.97	2,125	61.29	95	2.74
Third Age Group	2,318	960	41.42	1,314	56.69	44	1.89
Other Periodic Inspections	599	392	65.44	189	31.55	18	3.01
TOTAL	12,412	5,865	47.25	6,237	50.25	310	2.50

TABLE III.
INFESTATION WITH VERMIN

(i)	Total number of examinations in the schools by the school nurses or other authorized persons	....	....	....	....	91,478
(ii)	Number of individual pupils found to be infested	....	....	....	....	6,481
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	....	....	....	....	6,481
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	....	....	....	....	32

TABLE IV.—TREATMENT TABLES.

GROUP I.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III).

Number of cases treated or under treatment during the year

				by the Authority	otherwise
Ringworm—(i)	Scalp	....	....	90	4
	(ii) Body	....	....	305	6
Scabies	....	....	....	18	—
Impetigo	....	....	....	653	8
Other skin diseases	....	....	....	17,794	401
Total	....	....	....	18,860	419

GROUP II—EYE DISEASES, DEFECTIVE VISION AND SQUINT

				Number of cases dealt with	
				by the Authority	otherwise
External and other, excluding errors of refraction and squint				2,256	3
Errors of refraction (including squint)				2,456*	1,800
Total	....	....	....	4,712	1,803
Number of pupils for whom spectacles					
were	(a)	Prescribed	....	1,374*	—
	(b)	Obtained	....	1,379*	—

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

GROUP III—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

				Number of cases treated	
				by the Authority	otherwise
Received operative treatment					
(a)	for diseases of the ear	....	....	—	2
(b)	for adenoids and chronic tonsillitis	....	....	—	335
(c)	for other nose and throat conditions	....	....	—	130
Received other forms of treatment				2,464	59
Total	....	....	....	2,464	526

GROUP IV—ORTHOPAEDIC AND POSTURAL DEFECTS

(a)	Number treated as in-patients in hospitals	....	....	....	76	
					by the Authority	otherwise
(b)	Number treated otherwise, e.g., in clinics or out-patient depts....				1,943	62

GROUP V—CHILD GUIDANCE TREATMENT

				Number of cases treated	
				in the Authority's Child Guidance Clinics	elsewhere
Number of pupils treated at Child Guidance Clinics	—	—	41

GROUP VI—SPEECH THERAPY

				Number of cases treated	
				by the Authority	otherwise
Number of pupils treated by Speech Therapists	....	....	....	234	—

GROUP VII—OTHER TREATMENT GIVEN

				Number of cases treated	
				by the Authority	otherwise
(a) Miscellaneous minor ailments	....			8,390	271
(b) Other than (a) above (specify)					
1. Heart and Circulation	...			—	14
2. Rheumatism and Chorea	....			—	12
3. T.B. Conditions	....	....		—	17
4. Other Chest Conditions	....			—	63
5. All Surgical Conditions excluding T.B.	....			—	73
Total	....	....	....	8,390	450

TABLE V—DENTAL INSPECTION AND TREATMENT

(1).	Number of pupils inspected by the Authority's Dental Officers :—									
(a)	Periodic	...	...	....	....	....	....	....	....	28,211
(b)	Specials	....	....	....	....	....	....	....	....	5,738
Total (1)....									....	33,949
(2).	Number found to require treatment					....	....	....	....	16,717
(3).	Number referred for treatment					....	....	....	....	11,337
(4).	Number actually treated					....	....	....	....	11,150
(5).	Attendances made by pupils for treatment							....	....	22,345
(6).	Half-days devoted to : Inspection					....	....	....	....	223
	Treatment					....	....	....	....	2,893
Total (6)....									....	3,116
(7).	Fillings : Permanent Teeth					....	....	....	....	10,413
	Temporary Teeth					....	....	....	....	595
Total (7)....									....	11,008
(8).	Number of teeth filled : Permanent Teeth					....	....	....	....	9,870
	Temporary Teeth					....	....	....	....	478
Total (8)....									....	10,348
(9).	Extractions : Permanent Teeth					....	....	....	....	3,623
	Temporary Teeth					....	....	....	....	13,055
Total (9)....									....	16,678
(10).	Administration of general anaesthetics for extraction								....	6,459
(11).	Other operations : Permanent Teeth					....	....	....	....	2,592
	Temporary Teeth					....	....	....	....	665
Total (11)									....	3,257
No. of children fitted with Dentures					....	....	....	....	121	
No. of Orthodontic Appliances Fitted					....	....	....	....	250	
No. of children fitted with Crowns					....	....	....	....	15	

I. STAFF OF THE SCHOOL HEALTH SERVICE (excluding Child Guidance)

Principal School Medical Officer WALTON, WILLIAM STANLEY
and Medical Officer of Health
Chief School Medical Officer ... LUNN, RICHARD FRASER
Chief Dental Officer ... BROWN, JAMES CAMPBELL

	Number	Aggregate staff in the service of the L.E.A. in terms of the equivalent number of whole-time officers.
(a) Medical Officers*		
(i) whole-time School Health Service (including the School Medical Officer) ...	8	7.15
(ii) whole-time School Health and Local Health Services ...	None	
(iii) general practitioners working part-time in the School Health Service	None	
(b) Dental Officers (including the Chief Dental Officer) ...	8	8
(c) Physiotherapists, Speech Therapists, etc. (specify)		
Physiotherapists ...	5	4.909
Speech Therapists ...	2	1.454
(d) (i) School Nurses ...	24	24
(ii) No. of the above who hold a Health Visitor's Certificate ...	None	
(e) Nursing Assistants ...	9	9
(f) Dental Attendants ...	7	7

*All Medical Officers of the School Health Service other than those employed part-time for specialist examination and treatment only.

II. NUMBER OF SCHOOL CLINICS (i.e. premises at which clinics are held for school children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics—9.

Treatment of Minor Ailments is carried out on two sessions per week at each of 9 clinics held on school premises.

III. TYPE OF EXAMINATION AND/OR TREATMENT provided, at the school clinics returned in Section II, either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the clinic.

Examination and/or treatment	Number of School Clinics (i.e. premises) where such treatment is provided :—	
	directly by the Authority	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals
(1)	(2)	(3)
A. Minor ailment and other non-specialist examination or treatment	9	—
B. Dental	7	—
C. Ophthalmic*	4	2
D. Ear, Nose and Throat	—	—
E. Orthopaedic	6	1
F. Paediatric†	—	—
G. Speech Therapy	2	—
H. Others (specify) :—	—	—

* Arrangements made with the Supplementary Ophthalmic Service should be returned in Column (2) and those made with the Hospital and Specialist Service in Column (3),

† Clinics for children referred to a specialist in children's diseases.

IV. CHILD GUIDANCE CENTRES

(1) Number of Child Guidance Centres provided by the Authority—
None.

(2) Staff of Centres :

	Number.	Aggregate in terms of the equivalent number of whole-time officers.
Psychiatrists	None	—
Educational Psychologists	None	—
Psychiatric Social Workers	None	—
Paediatricians, Play Therapists	None	—
(Social Workers, Clerks, etc. (specify)		

State whether the Psychiatrists are directly employed by the Authority or whether their services are made available by arrangement with the Regional Hospital Board or Board of Governors of a Teaching Hospital.

(3) If the provision under (1) is supplemented by arrangements made with Child Guidance Clinics provided by the Regional Hospital Board or by the Board of Governors of a Teaching Hospital, particulars should be given on a separate sheet.

	(1) Blind (2) Partially sighted.		(3) Deaf (4) Partially Deaf.		(5) Delicate (6) Physically Handicapped		(7) Education- ally sub- normal (8) Maladjusted		(9) Epi- leptic	TOTAL 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
On or about Dec. 1st :—										
C. Number of Handicapped Pupils from the area—										
(i) attending Special Schools as Day Pupils	3	32	—	—	86	38	256	—	—	415
Boarding Pupils	2	—	39	—	6	2	26	1	3	79
(ii) Boarded in Homes	—	—	—	—	—	—	—	—	—	—
(iii) attending independent schools (under arrangements made by the Authority)	—	—	—	—	—	—	—	1	—	1
TOTAL (C)	5	32	39	—	92	40	282	2	3	495
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 :—										
(a) In Hospitals	—	—	—	—	—	—	—	—	—	—
(b) Elsewhere	—	—	—	—	—	5	—	—	—	5
E. Number of Handicapped Pupils from the area requiring places in Special Schools (including any such unplaced children who are temporarily receiving Home Tuition)	Res. 3	—	9	—	1	11	17	4	—	45
	Day	—	—	—	8	5	6	—	—	19

